Clinical Lectures
ON
DISEASES OF THE URINARY ORGANS.

Delivered at University College Hospital.

BY SIR HENRY THOMPSON,
SURGEON-EXTRAORDINARY TO H.M. THE KING OF THE BELGIANS; PROFESSOR OF CLINICAL SURGERY, AND SURGEON TO UNIVERSITY COLLEGE HOSPITAL.

LECTURE III.—(*Concluded from page* 155.)

STRICTURE OF THE URETHRA.

So much with regard to introducing an instrument into a very narrow stricture. Now suppose you have a false passage. Of course I will assume that you have not made one,—you will be much too careful for that; you are perhaps not the first surgeon who has seen the patient; some one else has seen him before you, and made a false passage. There is that case upstairs in which the man has made a false passage himself, confessedly, notoriously, because he has taken a large instrument and pushed it completely *into the bowel*. He has used a No. 9 or 10 bougie, and treated himself for stricture. He is certainly an illustration of the old adage that "he who treats himself has a fool for his patient." He has thrust the bougie out of the urethra through all the tissues between it and the rectum. When he was in the out-patient room he simply complained that when he passed the catheter into the bladder he brought out feces. The truth is he never went into the bladder at all. I suspected the cause, laid him on his back and verified it, and, as you know, he is now in my ward upstairs. I have made two prolonged attempts, and I carried a No. 1 silver catheter into the bladder to-day. You can easily conceive how difficult that false passage must make it to get the instrument in. It is only to be done by being very careful in avoiding the side on which the false passage is. A false passage commences usually on the floor, and no doubt for the reason mentioned, the structures below being looser than those above. When you examine a patient with a false passage, you probably find the instrument passing up to its very end, and no urine flows. Hence the notion that there is stricture at the neck of the bladder. When the instrument is thus passed, put your finger into the rectum, and you will know instantly whether there is a false passage; for if so, there are only the coats of the bowel, which are very thin, between your finger and the instrument, so that you feel it very distinctly. But if the instrument is in the right passage, you feel the whole thickness of the prostate, not always very considerable, between it and your finger, still quite enough to show that you are in the right path. It is almost always in the bulbous portion that it leaves the urethra and gets under the prostate. What you are to do, then, is to withdraw the catheter two inches or so, then pass it on again, keeping as close along the upper part of the urethra as you can, ascertaining by means of the finger that the instrument is not passing into the old route. It will be very likely to do so, because it is much more easy to get into a false passage than into the right one. I have devoted as much time to this subject as I dare. I have only given you these general hints; you will arrive at the rest yourselves by practice. There is very often a case of false passage in ward No. 10, and I wish you sometimes to verify the position of the catheter when it is in a false passage; to observe how very little tissue there is between the finger and the instrument. Then when it is properly passed, you feel the thickness of the prostate intervening. You can only appreciate this by the touch, and will learn very little more by talking of it.

One word with regard to the injection of oil. When you have a very narrow stricture to deal with, instead of oiling the instrument, it is as well to throw half an ounce or an ounce of olive oil into the urethra, holding the syringe well round the meatus. It is easy to insinuate half an ounce or an ounce of oil through a very narrow stricture. It lubricates the parts, and sometimes the urethra is distended with the oil, so that, if you can cleverly retain it with the finger and thumb, you may introduce the instrument when you have been unable in any other way. This is worth noting. It does not do well when there is much bleeding or the tissues are torn, but when it is not so the plan is sometimes useful.

Now suppose that, following these hints, you have carried the instrument through the stricture; there is a sort of grasp which is quite unmistakable. That is a sensation which you are always content to have, because, feeling the catheter "held" by the stricture, you know you are through it. But that very "grasp," which you are so satisfied to have, makes it less easy to manipulate the point of the catheter after it is through the stricture, and you have sources of danger to encounter in the urethra beyond. Thus, the mucous membrane, being often reticulated, with dilated lacunæ, it is easy to engage the point of the instrument in one of those, and make a false passage. Be careful never to use force in this stage, and, even after you are through, to get gently and quietly into the bladder.

Let us pursue the case one step further. Suppose you have got your catheter in at last after much difficulty. Do not pull it out. You will say: "I had trouble enough to get it in; and now I will tie it in at once." It is safe to do that, although it is a metal instrument; and you may keep it forty-eight or seventy-two hours before removing it. Do not be in a hurry to do that. You will be excessively disappointed to be obliged to repeat your task; and it will be very disagreeable to the patient. Keep it in about three days; and then you will be able to change it for a gum-elastic instrument. You then go on with "continuous" dilatation, as already described, increasing the size of the gum catheter from time to time. You get up, perhaps, to No. 10, and tell the patient, "This is a great point gained;" but in ten days or so, to your great disappointment, the stricture will admit nothing larger than No. 2 or No. 3. Now it is clear that you have to do with what is called "resilient" or "contractile" stricture. It is not a question of calibre so much as a question of contractility. The narrowing has gone back almost to that condition in which it was at first. You can now only get in, say, No. 2. It is useless again to attempt dilatation. This is precisely that kind of exceptional case for which you reserve other means of treatment. Understand that you may have stricture very narrow, and be able to dilate it, and the dilatation shall be permanent. On the other hand, you may have stricture which will admit even No. 5 or No. 6 catheter easily, and yet the man will scarcely make a drop of water. We had an instance of that in the ward the other day. No. 6 instrument was passed; but the man could make no water until I had operated. These contractile strictures have been the plague of surgeons from time immemorial. If you go back to old records of surgery—how far back?—some hundreds of years—you will find that these cases have exhausted the wits of surgeons to the present day. All kinds of things have been used in order to overcome the difficulty. I cannot tell you half of the matters which have been put into the human urethra. I suppose the human stomach has been made to receive more abominable things than any other receptacle in or out of the human body. But if you consult the old surgical authors, or even some modern books, you will see that the urethra has been used nearly as roughly; and that is saying a good deal. Verdigris, savin, the salts of all sorts of metals, everything that could irritate, or that could be imagined to be disagreeable, has been employed to cure these unfortunate strictures. At the present moment I need not tell you that some surgeons have employed nitrate of silver and caustic potash—not at all mild remedies either of them. Now the whole question of chemical irritants, as applied to stricture, I shall dismiss with the following words: I believe them to be unnecessary, undesirable, and dangerous. Most modern surgeons, both in this country and abroad, have pronounced against the use of caustics and chemical irritants in the treatment of stricture. I shall not pursue that question further.

Then what have we left? Several mechanical modes: we may rupture, or overdistend, or cut these unyielding and contractile fibres, which constitute the stricture. Urethrotomy, as it is called—division of the strictured urethra by some form of knife,—is, perhaps, all things considered, the most universally employed in such cases. Now there are two kinds of urethrotomy—external urethrotomy and internal urethrotomy: the external applied from the perineum; the internal, by means of the knife or some other instrument applied within the urethra.

I speak first of internal urethrotomy. There are two modes of doing it. You may cut the stricture from before backwards, or from behind forwards, the latter being the method most commonly adopted.

First, suppose you have a stricture at or near the orifice—a very undilatable part. You get in an instrument like that

which I hold in my hand—a small bistouric cachée; project the blade and draw it outwards, dividing the obstruction. Nothing can be more simple. By means of a screw, you can raise the blade to a small or to a large extent. It should be used so as to make a rather free incision, which is perfectly safe. As a rule, the nearer the stricture is situated to the orifice of the urethra, the more necessary is it to cut, and the safer is it to do so. The further the stricture is from the external meatus, as a rule, the less necessary it is to cut, and there is rather more risk in doing so. All strictures at the meatus, and within, say, about three inches of it, which have resisted dilatation—and these generally do so—should be divided. You can dilate them, but the effect is temporary; and you can divide them with ease and perfect safety.

Secondly, with regard to strictures at a distance of five inches, the reason why it is somewhat less safe to cut them is on account of the large amount of erectile tissue at that point. In my own experience of sixteen or seventeen years of these operations, I have never lost a case by either internal or external urethrotomy, either in the hospital or out of it, and I have had a great many cases; I cannot say how many,—perhaps a hundred. Sometimes there may be a dangerous amount of fever, and, rarely, cystitis; much depends, I need not say, on the way in which the thing is done. External urethrotomy is usually known as Syme's operation. It is necessary always, in that case, to pass a small grooved staff or director through the stricture, to cut down upon the perineum, as in median lithotomy, and divide the stricture completely by cutting freely into the groove of the staff. That is very seldom done now. It was much done twelve or fifteen years ago; but other means have superseded it. Occasionally the operation is still performed, chiefly when there are perineal fistulæ which require to be laid open. After doing it, a catheter is tied in for forty-eight hours, and an instrument to maintain a good calibre must be passed from time to time afterwards. Now for internal urethrotomy in these cases of stricture in the bulbous urethra, this instrument which I hold in my hand is a very good one. I used it for a case here about a month ago, and the result was simply perfect. It has a small bulb at the end, concealing a small sharp blade within, which you pass through the stricture. You can then, by means of the bulb, feel exactly the position of the stricture. Having done this, you unsheath the blade about half an inch beyond the stricture, to the extent required, and draw it forward, dividing the contracted part freely. In that case, also, you should tie in a catheter forty-eight hours, and after that pass an instrument every third day, then every week, and so on. Here are instruments for cutting from before backwards, and of various kinds; but I prefer the others as a rule.

We next come to the mode of rupture; and here I will show you an instrument which bears the name of Mr. Holt, of the Westminster Hospital. He has brought the instrument into notice, and the mode of using it is his own. It was invented by M. Perrève of Paris, more than twenty years ago. He used it mainly, but not altogether, for simple dilatation: Mr. Holt uses it otherwise. He passes it through the stricture, and then, instead of passing at different times a succession of tubes of gradually increasing calibre, he takes the largest tube at once, and forces it down the urethra along the central guide, so as at one stroke to split everything that happens to obstruct the passage of the instrument. Mr. Holt does not put in an instrument afterwards. When the operation was first introduced, I was strongly repelled by the violence of the proceeding; but I examined some of Mr. Holt's cases with him at the Westminster Hospital—now some ten years ago,—and was surprised to find how few bad results followed. Hence I tried the plan, and use it occasionally for a urethra which has some two or three contracted points—a condition rarely met with,—so as to deal with them all with certainty. Rupture, however, is too rough a mode, in my opinion, for most cases; and I prefer to carry a fine blade carefully through the fibres of the stricture, and believe it to be the best, and the most enduring in results. But the popular sentiment about a knife cannot be ignored. The British public is not partial to a sharp edge, and is glad of almost any substitute—a feeling one can quite understand. So that it is not always possible to do the best thing, and we have to select that which is next best. You will, then, probably find the proceeding by rupture a useful one when dilatation has failed. That operation suggested to me some years ago a different method—namely, one which I have called "over-distending" the stricture. It is simply this. Here are two blades, as in the instrument used by Mr. Holt, but these two blades can be separated for a considerable interval at one point, and as slowly as you please. In practice I do it very slowly, so as to rupture as little as possible, and to over-distend as much as possible, the structures which form the obstruction. There is this fact also to be noted: I wish you to remember that the bulbous part of the urethra—the usual position of stricture—is also the most distensible part in the natural condition of the canal. Supposing the external meatus to be about No. 12 (English scale) in calibre, the bulbous urethra admits at least No. 20 or 24. Hence it follows that no kind of dilatation or operation which is limited in extent by the size of the external meatus more than half restores the urethra which has a stricture at the bulb. It is on this account that I distend the contracted part to at least this, or even to a larger size, by means of the instrument in question. I have now used it many times, and it is certainly attended with good results. It is to be used only for strictures within the bulb. I have heard of its being employed for those within three inches of the meatus: it is a mistake to use it for such, which, as I said before, ought to be cut. This operation requires more care than the other. Mr. Holt's operation needs no care after the instrument is once in place; it is extremely easy to use it. If you once get the instrument in correctly, a single impulse of the hand forces the tube through; and it is certainly tempting on that account. And for a considerable time afterwards you have good results from these operations. I think, however, that internal urethrotomy gives results which are more enduring than any other; but it is infinitely more difficult to perform properly, and, without doubt, it requires a practised hand.

Briefly let me, at the close of this subject, remind you that in all cases of impeded micturition, attention to the general health often aids in a considerable degree to mitigate the local troubles. Do not overlook the state of the digestion. If this is unsatisfactory, if the bowels are unduly constipated, the troubles of the bladder and urethra will be much increased; and frequently it happens that a mild mercurial, followed by a dose of Glauber's salts, or of Friedrichshall water in the morning, gently unloads the liver and bowels, and greatly relieves the most distressing symptoms.

There is only one other word I have to say: do not be partisans of any single method. You hear one surgeon say, "I always follow such and such a method; there is nothing like it." Or another, that he always adopts the proceeding of M. Civiale, and a third that of M. Maisonneuve, and so on. There has been great fertility in inventions of this description, especially in Paris, and you may see from several of them very excellent results. Do not confine your selection to any one method, whether I or anyone else recommend it; but have every resource at your disposal. If you have much to do with stricture, or with such complaints, I can only tell you you will want all the resources within your reach. Consider them carefully, and select for each individual case that method which appears in your judgment to be the best adapted for it.

THE SANITARY HISTORY OF THE BRITISH ARMY IN INDIA, PAST AND PRESENT.

BY SIR J. RANALD MARTIN, C.B., F.R.S.,
INSPECTOR-GENERAL OF HOSPITALS, ETC.

No. V.

Recapitulation.

THE inquiries of the Royal Commission have shown—

1. That by far the larger proportion of the mortality and inefficiency of the Indian army had arisen from endemic diseases, and notably from fevers, diarrhœa, dysentery, cholera, and diseases of the liver.

2. That the predisposition to these diseases was in part attributable to malaria, in conjunction with extremes of temperature, moisture, and variability.

3. But that there were other causes of a very active kind in India, connected with stations, barracks, hospitals, and the habits of the men, of the same nature as those which are known in colder climates to occasion attacks of those very diseases from which the Indian army suffered so severely.

Bad selection of stations.—In examining into these causes, we find that the stations generally had been selected without reference to health, and mainly from accidental circumstances, or for political and military purposes, real or supposed. Many of them were situated in low, damp, unhealthy positions, de-

ficient in means of drainage, or on river banks, close to unwholesome native cities or towns.

Bad sanitary state of native towns and bazaars.—The towns and bazaars in the vicinity of lines were in the worst possible sanitary state—undrained, unpaved, badly cleansed, often teeming with offensive and dangerous nuisances,—with tanks, pools, and badly-made surface gutters, containing filth and foul water; the area overcrowded with houses, put up without order or regularity; the external ventilation obstructed, and the houses overcrowded with people; no public latrines, and every spare plot of ground covered with filth in consequence; no water-supply, except what was obtained from bad shallow wells and unwholesome or doubtful tanks. These towns and bazaars were the earliest seats of epidemics, especially of cholera, before their ravages extended to the European troops in the vicinity.

Sanitary defects of stations.—None of the stations had any subsoil drainage; and there were no other means of removing the rainfall, except surface gutters. The ground about the lines was often broken up in pits and hollows, filled with stagnant waters; or it was traversed by unwholesome ravines or nullahs. In certain states of the weather and wind, nuisance was experienced in the lines from these causes, and from the foul state of neighbouring native dwellings. Many of the older stations were irregularly built; and the buildings were arranged so as to interfere with each other's ventilation.

Defects in construction of barracks and hospitals.—Both barracks and hospitals were built at or close to the level of the ground, without any thorough draught between the floors and the ground; and the men, both in barrack rooms and sick wards, were exposed to damp and malaria from this cause, as well as from want of drainage. The ventilation was generally imperfect; and, from the arrangement of the doors and windows, men were exposed to hurtful draughts.

Overcrowding.—Many of the rooms were too high, and, as a consequence, there was much surface overcrowding, both in barracks and hospitals, although with large cubic space. In a number of instances both the space and the area per bed were much too small.

Want of light.—Barracks and hospitals had frequently no glazed windows, and only wooden shutters. Both barrack rooms and sick wards were, as a rule, dark.

Bad position of beds.—There were often four, or even six, rows of beds between the opposite doors or windows, increasing greatly the already existing difficulty of ventilation, and exposing the inmates to foul air.

Barrack rooms held too many men.—The greater proportion of the force was lodged in barracks in such large numbers per room as to be very injurious to health; many of these rooms having been several hundreds of feet in length, and some of them containing from a quarter to half a regiment each!

Defect of water-supply.—Water-sources had been, with one or two exceptions, selected without analysis, although it is always hazardous to omit this precaution. The supply was taken from shallow wells and tanks, both of which were very liable to pollution. In a few cases the water was derived from rivers: it was drawn by dipping, and carried in skins, thereby increasing its impurity.

No precautions were taken for purifying drinking-water, and the whole arrangement resulted in a supply of water, for drinking and culinary purposes, of a bad or doubtful quality, and such as would be rejected in any improved sanitary district in this country. This unsatisfactory condition of the water-supply was one of the cardinal defects at stations in India.

Deficient means of cleanliness.—Ablution and bath accommodation was often very deficient, and sometimes there was none. Very often there were no baths, and where baths existed there were not enough.

Cooking.—Means of cooking were primitive and imperfect, hardly suitable for permanent barracks, although the cooking was considered sufficiently varied.

Latrines and urinals.—Privies and urinals were generally of a bad or defective construction. The contents were removed by hand, often producing great nuisance. No drainage for either privies, ablution-rooms, or cook-houses: the foul water was received into cesspits, or carried away by hand.

Hospital defects.—Hospitals were constructed on the same general plan as barracks. They had no proper ablution or bath accommodation; no watercloseta, only open privies, situated at a distance; no drainage, no water-supply, except what was drawn and carried by hand-labour. The bedsteads were often of wood, instead of iron; and mattresses and pillows of various materials, instead of hair, as they ought to be. No trained attendants were provided for the sick.

Ration.—The soldier in India had a complete ration, of good quality; but the ration was not varied to provide against the effects of the soldier's sedentary habits; and no difference was made for the cold and hot season. For the hot season the ration contained too much animal food and too little vegetable. Mutton was not issued often enough; and fish, along the coasts and rivers, was not sufficiently estimated and considered as an article of the soldier's diet.

Clothing.—Flannel under-clothing, and a change of this dress after a march, would be very advantageous; and a better system of supplying boots was much required.

Drink: intemperance.—The use of spirituous liquors was highly detrimental to the soldier's health in India, and was one of the chief personal habits which injured him physically and morally. Abstinence from spirits has always been attended by greatly improved health, even under circumstances otherwise unfavourable, and by diminution of crime. The only advantage of the issue of spirits in canteens was stated to be, that it prevented the soldier from obtaining more unwholesome spirits in the bazaar. The moderate use of malt liquor or light wines is much less injurious to health than that of spirits.

Syphilis.—Connected with habits of intemperance and want of occupation was the prevalence of syphilis, a disease which occasioned a very large amount of inefficiency and invaliding.

Deficient means of instruction and recreation.—Means of recreation were few, of exercise none, of instruction limited.

The soldier's habits were sedentary where they ought to have been active. He was thus led into vice and intemperance. He had no means of occupying his time profitably. He complained of the weary sameness and ennui of his life. This, together with his diet and allowance of spirit and malt liquor, was bad for his health—physical as well as moral health.

Results of removable causes of disease.—Making every allowance for the influence of climate, which, however, is altogether secondary, except as increasing the effect of removable causes of disease, the whole tenor of the evidence proved that the bad sanitary arrangements enumerated, together with unfavourable habits as to diet, intemperance, and want of occupation, on the part of the men, were causes sufficient to account for a large portion of the sickness, mortality, and invaliding occasioned by those diseases from which the army in India mainly suffered.

State of sanitary administration.—The arrangements for the prevention of disease were either non-existent or most deficient. There were no proper sanitary authorities in towns, no trained officers of health in any town or cantonment, and no means whereby the experiences obtained in dealing with sanitary questions at home might be rendered available for India. Until recently, no means on the part of medical officers of receiving education in military hygiene and sanitary knowledge existed; there was no recognition of the sanitary element in the army medical service. There were, up to the latest date of this Report, no means of bringing trained sanitary knowledge or experience to bear on the selection of sites for stations, or on the laying-out of stations or bazaars, with the requisite sanitary works, or on the planning or construction of barracks and hospitals on sanitary principles.

Hill stations.—Hill stations are proposed as a means of being able at once to remove the troops from the influence of climate, malaria, and sanitary defects of stations and barracks on the plains, into a healthy region comparatively. The evidence proves that these stations are useful chiefly for prevention, but not always for the cure of disease; that they are suitable for children, and for healthy or ailing men, but not for unhealthy regiments, especially those suffering from bowel complaints; that about a third part of the troops might be located on hill stations, or on others high and healthy in rotation, with advantage to health; that although the number of stations in malarious regions should be diminished as far as practicable, and the troops removed to healthier localities, there are certain strategical points, yet undecided, which must be held, whether healthy or unhealthy, and the force on the hills must be considered as a reserve for the purposes of health. Although several excellent hill stations were in use, they were not sufficiently convenient for many stations, and an increased number was required. Very careful examination and trial of the climates of new sites should be undertaken. The evidence further shows that there has been great neglect in sanitary measures at existing hill stations, giving rise to serious disease and mortality.

Elevated plain stations.—Stations on the plains and slopes of India up to 1500 feet, and on the raised coasts of the sea, are comparatively salubrious. They only require adequate sanitary arrangements.

Lowland stations.—Stations on low inundated lands are hotbeds of malaria.

Native lines.—Native lines were laid out and huts built without sufficient reference to health. There was no drainage, clearing, or leveling, and little attention to cleanliness or ventilation. Native hospitals were almost altogether wanting in means of cleanliness or bathing, in water-supply and drainage, in everything, in short, except medicine. The medical officer had no control over the patient's diet. There were no trained attendants on the sick. The evidence shows that, by management and conciliation, much might have been done to improve the sanitary condition of native lines, as well as the state of native hospitals.

General Observations.

1. We have in the course of our inquiries endeavoured to ascertain the probable excess of mortality in the Indian army occasioned by the sanitary defects we have described, as well as the reduction of mortality which would follow on the adoption of improvements in existing stations, combined with the use of hill stations, and the abandonment of as many unhealthy localities as may be practicable.

2. The statistical evidence shows that the mortality varies from 11¼ per cent. in the most unhealthy to about 2 per cent. in the most healthy places, even in their then unimproved state. It has been estimated that the lowest of these rates, or 2 per cent. (double the rate at home stations since the introduction of sanitary improvements), may be taken as the possible mortality under improved sanitary conditions.

3. The annual death-rate for the whole of India was hitherto, or up to 1856, about 69 per 1000. The proposed European establishment at the date mentioned was 73,000 men, and would, at the then existing rate of mortality, require 5037 recruits per annum to fill up the vacancies caused by death alone.

4. A death-rate of 20 per 1000 would require only 1460 recruits per annum; so that the excess of mortality was 3570 lives per annum.

5. Estimating the cost of recruiting, training, and landing men in India at no more than £100 per man, the excess of mortality was equivalent in cost to a tax of nearly £1000 per diem, irrespective of the cost of the extra sickness indicated by a high death-rate.

6. A careful examination of the causes of disease, and of the character of the diseases prevalent at the more healthy stations, would lead us to hope eventually for a greater saving of life than we have here estimated.

7. Causes of disease, such as exist at these stations, would, even at home, be sufficient to account for one-half of the 20 per 1000; and if the time should ever arrive when, under the influence of improved culture, drainage, and sanitary works, India should be freed from the local malaria which exists everywhere there now, as it once did in some form or other over Europe, we may cherish the hope of realising what statistical inquiries appear to point to—namely, that the natural death-rate in times of peace of men of the soldiers' ages in India will be no more than 10 per 1000 per annum.

8. But a reduction of mortality also indicates increased physical strength and greater fitness for duty in the army generally, as well as a smaller proportion of "constantly sick" in hospital; and hence a greater effective numerical strength.

9. Fewer recruits would be required to supply the losses from disease—a point of very great importance, in regard to which Sir A. Tulloch stated that he very much questioned whether, with the mortality rate of the last forty years, it would be possible to keep up an army of 70,000 men in India. He added that, from what he knew of recruiting, this country would not be able to fill up the gaps occasioned by death, and at the same time supply the vacancies occasioned by invaliding, and by the return of time-expired men.

10. Apart, therefore, from the question of humanity, the introduction of an efficient system of hygiene into India was of essential importance to the interests of the empire.

M. GIGON maintains, in "L'Union Médicale," that iodide of potassium, through the short route of the vena portæ and emulgent veins, passes instantaneously into the urine. He mentions that he found the iodide in his own urine, passing the latter almost immediately after having taken a dose of the iodide. But as M. Gigon has also found that the iodide can be detected in the urine three or four months after its ingestion, it is just possible that, in the experiment alluded to, the iodine so quickly discovered in the urine might be *old* remains.

CLINICAL NOTES.

No. II.

PLEURITIC EFFUSION ON THE LEFT SIDE AS A CAUSE OF FLATULENCE AND DYSPEPSIA.

BY S. O. HABERSHON, M.D.,
PHYSICIAN TO GUY'S HOSPITAL, ETC.

THE prominence of *one* symptom of disease frequently leads the patient to form an incorrect opinion as to the nature of his malady, and inadvertently he may misguide his doctor. Pain in the chest, cough, and palpitation of the heart are often due to morbid conditions below the diaphragm; and the question, apparently a most simple one, whether the malady is above or below the diaphragm, is often difficult of solution, whilst of the utmost importance to the speedy recovery of the patient.

I need not comment upon the gastric symptoms produced by tubercular disease of the lungs, chronic affections of the bronchi, and organic diseases of the heart,—they are well known; but instances are far more numerous than is generally supposed of *pleuritic effusion* on the *left side* producing severe dyspepsia; and the predominance of the gastric symptoms has led to incorrect diagnosis in many patients who have consulted me. When pleuritic disease takes place on the left side, and is *subacute* in its character, the pain is often almost forgotten by the patient in the more trying subsequent symptoms; the dyspnœa is less prominent than in the more acute affection. The symptoms may be briefly mentioned: There is failure in the general health, a sense of exhaustion and of weakness, inaptitude for exertion and for the ordinary pursuits of life; the tongue is often furred, there is a sense of weight at the stomach, especially after food, restlessness at night, and the recumbent posture produces dyspnœa; the bowels are generally confined, pain in the left shoulder is often complained of, and the countenance loses its healthy clearness; one of the prominent symptoms is *flatulence*, the appetite is lost, and the patient sometimes states that the food does not pass freely from the stomach; the urine is scanty and high-coloured. With these symptoms, many of which point to functional disturbance of the stomach, hurried and incomplete investigation will effectually misguide; but on examination of the chest the indications of pleuritic effusion are at once evident, as shown by extensive dulness, lessened tactile vibration, bronchial respiration and bronchophony; if the effusion be very great, the respiratory sounds are more distant, or entirely suppressed; the heart is pushed over towards the right side, and the diaphragm is pressed downwards.

The action of the stomach thus becomes mechanically impeded, but the connexion of the pneumogastric and the vasomotor nerve in the chest and abdomen adds to this abnormal peripheral sensibility to morbid action.

Another point associated with the diagnosis of these cases is the fallacy connected with the temperature of the body; some cases of partial pleurisy are not marked by elevation of the thermometric heat. However valuable the thermometer may be in pneumonia, in fevers, and some other diseases, in inflammation of a subacute character of serous membranes, such as pericarditis, peritonitis, and pleurisy, the temperature of the surface cannot be depended upon as a correct guide. A short time ago, a young gentleman suffered from severe pain in the left side after exposure to cold. The pulse was quiet, respiration was accompanied with severe pain, the skin was cool to the hand, the tongue slightly furred; the temperature was taken accurately with the thermometer, but it did not exceed the normal standard. No friction sound was audible, because the costal pleura was not affected, only the diaphragmatic. On the following day the fibrinous effusion had extended round the edge of the lung, and a friction sound was distinctly made out; still there was no elevation of temperature. The disease soon subsided without serous effusion. I advert to this case from among many others, to show that in this form of subacute serous effusion the febrile symptoms of more acute disease are not developed, and the disease is often at first supposed to be rheumatic, or it is called "neuralgia."

A gentleman placed himself under my care some months ago, who had been under treatment for five or six weeks, and who had been informed that his ailment consisted in disorder of the stomach and liver. The left side of the chest, how-

ever, which was half full of fluid, had not been examined. The patient was thin and cachectic, the appetite impaired, the countenance slightly sallow; there was no dyspnœa, but great inaptitude for ordinary exertion and pain at the scrobiculus cordis were complained of. The symptoms of indigestion entirely disappeared with the absorption of the fluid.

In another instance, a gentleman, nearly seventy years of age, was with difficulty persuaded that the cause of his distress was effusion into the pleura; a sense of weight at the stomach, with a feeling of obstruction there, and great flatulence, with failing strength, were his principal symptoms.

I have observed two mistakes in the treatment of these cases. The one is, that the digestion being disordered, the tongue furred, &c., the liver is regarded as being "out of order," and *mercurial medicines are given* to "set it right;" but, unfortunately, with the effect of *increasing* the exhaustion, the cachexia, and the pleuritic effusion. An equally disastrous error is to suppose that, because the patient appears exhausted, he is to take large quantities of alcohol; in other words, "to be kept up by stimulants." By an excess of alcoholic stimulants the healthy reparative action is interfered with, the elimination of effete material is checked, important glands become functionally disordered, and the absorption of the morbid effusion is thereby retarded. I do not wish to be understood that stimulants may not assist, if properly given; but if administered in accordance with the principle that because the patient has a feeble pulse, and seems exhausted, he is "to be kept up," they lead to most unsatisfactory treatment, and prolong the illness of the sufferer.

Brook-street, Feb. 1868.

THE

NATURAL HISTORY AND TREATMENT OF LATERAL CURVATURE OF THE SPINE.

By RICHARD BARWELL, F.R.C.S.,

SURGEON TO, AND LECTURER ON ANATOMY AT, CHARING-CROSS HOSPITAL.

No. V.

As by far the larger number of lateral curvatures are primarily dorsal, it behoves us to examine their peculiarities and treatment with more care than was expended, in my last paper, on the lumbar curve. Since, also, ease and rapidity of cure will depend in great measure upon early and accurate diagnosis, it will be desirable to give a few minutes to two sets of considerations: firstly, how to ascertain in the earliest stages that a dorsal curvature has commenced; secondly, how to distinguish that form which I have called "respiratory," from the cases of weight-bearing origin.*

I have discussed at some length the etiology of dorsal curves, and have shown that the *primum mobile*—greater weighting, or larger respiratory action of one serratus magnus—produces first unequal traction backward of the ribs, therefore torsion of the vertebræ, which is succeeded by their lateral deviation. These events, though following each other in the sequence of causes, are simultaneous, or nearly so, in point of time. We cannot say that the one precedes the other. For instance, the ribs are so placed on the dorsal spine that any unilateral act of pectoral breathing must immediately, however temporarily, rotate the vertebræ. It may be that lateral deviation of the bones does not so instantaneously follow this torsion, since there is a probability that a certain number of one-sided respirations must take place before the mechanical and muscular forces would so act on this new posture as to cause curvature. I have, however, collected a great quantity of evidence (with which I will not now occupy space), proving that the deviation takes place very rapidly. It is, then, I submit, very conclusively shown that, of all bony parts, the ribs are primarily in fault; and, fortunately for us, their length and position cause them, when they thus recede from their proper station, to move in a long arc round their axes at the vertebræ. They thus act for the spinal torsion like the long finger of an index—passing through a large space, while the axis itself moves through but little.

The first observable sign therefore of a dorsal curve is, on one side of the spine a greater backward bulging of the ribs than on the other; and in a certain time this retrocession of those parts pushes out the blade-bone, producing enlargement and thickening of the shoulder—usually the first part of the deformity which attracts attention. Nevertheless, this accident of the malady is in reality a late occurrence: a careful examination early in the case, and under good auspices of lighting, will give evidence of the vertebral torsion (the ribs being used as indices) long before malposition of the scapula is perceptible.

Some stress has been laid upon the direction of light, because it is to be remarked that a greater or less fulness horizontally can with difficulty be detected by a horizontal light. I have the advantage of possessing two consulting rooms, the one with an ordinary window or horizontal, the other with a perpendicular light; and have found that an amount of torsion, not at all or doubtfully perceptible in the former room, is unmistakably evident in the latter by the long shadow which the backward-projecting ribs throw upon the lower dorsal and lumbar regions. This is shown in the engraving annexed, although in the photograph from which the drawing is taken a strong reflected light was purposely thrown upwards on the right side. The patient had a far advanced respiratory curve; for which she had patiently worn instruments of considerable weight for some years. Note the absence of any projection of lumbar muscles on the left side; the line of light running from the ilium is simply the edge of the body and of the hollow from sinking forward of the ribs; it springs from the ilium far outside the erector spinæ.

Examination by sight is absolutely necessary; but we must also use touch, feeling not only for the backward bulge of the ribs on the right side and their depression on the left, but also for the line of the spinous processes. It is hardly necessary, in this stage of our investigation, to point out that, since the axis of vertebral rotation lies just at the posterior edge of their bodies, the tips of the spinous processes are twisted to the left; hence their line may be quite straight, although the spine has in reality curved to the right. Therefore the surgeon must not consider, if he find unevenness of the posterior pectoral walls with a straight line of the spinous process, that there is no lateral curvature. Here, too, I must remark upon a peculiarity which, as far as I know, has not been pointed out: there is in the skin of the back a mesial line—a broad sort of raphé,—very plainly marked by absence of hair follicles and gland ducts; while on each side of it these structures run in different directions. This line, while the back is straight, lies over the tips of the spinous processes; but when these latter

* The diagnosis of lumbar curvatures given in the former lecture suffices for the distinction between that curve and the one now under consideration.

deviate they glide beneath the skin, and will wander a considerable distance from the median line without drawing the raphé with them, and even in very crooked backs this skin mark will be straighter than the line of the processes. Therefore it is not sufficient to examine by sight alone, for this superficial marking will be sure to mislead the eye as to the position of deeper parts. Outside this line the surgeon should feel for the transverse processes on the convex side of the spine. It may be that the case is not enough advanced to render these parts perceptible; but the accustomed hand will feel in the earlier stages one side (the convex) hard and resilient, the other flaccid.

A great aid to diagnosis, or rather, let me say, a reliable means of confirming or negativing conclusions drawn from subtle changes of form, is to be found in the rotation measurer, which I described in my first paper. After having studied the results of experiments with this instrument on the healthy subject, I expected, when first applying it to patients, to find that rotation to the side towards which the spine curves (let us suppose the right) would be greater than in the opposite direction. I soon found, however, that this notion was directly contrary to the truth: rotation to the right side is decreased; while to the left that power is relatively, I believe often absolutely, increased. The reason of this is not far to seek; it lies in the facts that the bones have already performed a certain part of their possible rotatory journey, and the chief muscle for this action (serratus magnus) has, in a measure, done its work. Torsion to the left, on the other hand, replaces the bones and ligaments, and the muscle itself is not merely in a state of quiet, but is in such a position as renders the range of its action larger than usual. Accordingly, in all cases of lateral curvature, the index of my instrument indicates to right and left a difference in degrees, whose number corresponds with the extent of the curvature. A small margin of difference often, indeed generally, occurs in perfectly straight spines; the surplusage is nearly always to the right, and does not exceed five degrees; this difference, especially in that direction, may be discarded.*

Since, then, the rotation-measurer marks a greater or less amount of difference as the case is more or less severe, this instrument becomes of great value as an index of success in treatment; since if the patient be improving the discordance diminishes, and increases if she be getting worse. Thus I shall in the sequel mark the progress of certain related cases by a diary of rotation, to show the precision of its indications.

When the mere existence of a dorsal curvature has been detected, we must then, in order to apply treatment aright, distinguish the class of curve to which the case belongs, and must primarily divide these distortions into two sets—the curve from respiratory causes, and the curve of weight-bearing origin.

In the *Weight-bearing* class of cases I have observed but one sort—it is that which has been already in part described. The curve occupies the upper three-fourths of the dorsal region, and the return for the compensatory curve commences with the lower fourth. A straight line—a silken thread, for instance—stretched between the last cervical vertebra and the middle of the sacrum crosses the double curve *once* at the ninth dorsal vertebra. The most aberrant bones are the fifth dorsal to one side, the second lumbar to the other.† A well-marked rounded eminence of muscular contraction runs upward from the back part of the ilium to the most aberrant vertebra. Most of these curves are to the right; but as *all* respiratory curves, lung-disease being absent, are to the right (save in the very exceptional instances of visceral transposition), a curve primarily dorsal to the left, if the breathing apparatus be sound, and if the heart beat on the left side of the chest, may be certainly set down as weight-bearing. There is to be traced in almost all of these cases some history of hard work, sometimes at an early age, as constantly carrying an infant or other weight, &c. By far the larger proportion of this sort of curve belongs, therefore, to the working class. They are less frequent, and for that and other reasons less important, than the respiratory curves. They are also more easily cured if the individuals can so far alter their habits as to relieve the overworked muscles. This concession is, however, in that class of persons with difficulty obtained.

Of the *Respiratory Curves* there are two sorts: the one arising from external causes, restraint of abdominal breathing, and even certain bad habits; the other originating in some malady of the lung and appendices. These latter class of cases are not only very interesting, but of great moment, and it will be well to draw attention strongly to certain important features, especially on that view of the lung malady on which, as a surgeon, I am authorised to speak—viz., of the form, state, and position of curves which should lead us to anticipate internal disease.

The first class of curve is always (save in the extremely rare cases of transposed viscera) to the right; it occupies, like that from weight-bearing, the upper three-fourths of the dorsal spine, and the point of greatest aberration falls on the same vertebræ. It is barely possible to distinguish between the two classes by the mere form of the curve alone, yet since differences exists in its aspects, and as certain extraneous characteristics are obvious, the distinction can always be made. The upper limb of the curve is more marked, the lower less so, and both are less straight—that is to say, suppose the fifth dorsal vertebra at a given distance of lateral deviation in the weight-bearing curves, the lines of spinous processes running upward and downward from this vertebra are almost straight, so that it seems to be in an angle; in the respiratory form the curve, though equal in amount, is more evenly distributed over the nine upper dorsal bones. There is no line of strong muscular development running up from the back of the ilium; the secondary curve is in proportion less severe.

Curves of internal origin assume a variety of shapes, from the gradual long curve occupying all, or nearly all, of the dorsal region, to the well-marked short and sudden aberration of two or three vertebræ occurring anywhere between the first and the tenth. These latter, particularly if they occur high, are generally connected with tubercle of the lung. Pneumonia induces, as a rule, the low long curve which, even when the functions of the lung have been restored, continues for a long time, perhaps permanently, after the attack has passed off. Pleurisy produces several forms of curve, but chiefly a high curve, longer and less sharp than the consumptive curvature. In my second paper I hinted at the etiology of these curvatures; they do not arise from contraction on the diseased side, but from the fact that when any portion of the lung becomes unfit to perform its office, or when disease renders such performance painful, the rib, or ribs, over that part of the organ cease to move, while those on the other side continue, under the sway of the serratus, to act unopposed upon the vertebræ, and twist them round. If we consider the great power of the ribs as levers, the length of their power-arm, the shortness of their weight-arm, we shall comprehend the sensitiveness of the spine to their action.

In the course of these papers a cause which is often given for lateral curve has been omitted—viz., "*position*;" and this has been done because *position* of the spine itself—i. e., different habits of sitting or lying—does not ever, in my experience, produce this deformity. Position of pelvis and thighs is, as we have seen, the efficient cause of curvatures primarily lumbar; position of the ribs of those primarily dorsal. The shoulder and arm are, as a rule, in such varied movement that curvature very rarely depends on their posture; nevertheless, I shall immediately give a striking example to the contrary.

In passing on to consider the treatment of dorsal curve, we must dismiss from our minds all inconclusive and unsatisfactory theories concerning its origin in spastic contraction of muscles—in paralysis of respiratory function, in softening or inflammation of bones, intervertebral substance, &c., and accept entirely the simple and, as it appears to me, adequate doctrine taught in these lectures—that in the sequence of causes for dorsal curvature torsion precedes lateral deviation,—that none of the spinal muscles proper are capable of producing such rotation; but that the lever-like arrangement of the ribs, enabling the serrati to turn the trunk in either direction, gives to those muscles, when unilaterally and unduly exerted, the power of inflicting on the vertebræ a permanent twist, which of necessity is followed by lateral deviation. Perhaps, however, some of my readers, unaccustomed to watch the power of muscles in producing deformity, will scarcely estimate the extreme sensitiveness of the spine to the exaggerated action of one serratus; let the following case illustrate this point:—

Mr. ——, aged nineteen, came to me on the 9th of February, 1867, with a far advanced dorsal curve to the right. He was by no means weakly, but on the other hand muscular, being used to strong exercise, more especially with the dumb-bells. Rotation was very marked, the ribs and the lower angle of the scapula projecting very much backward; but there was something very peculiar in the distortion it bore, markedly all the characteristics of a weight-bearing curve, with the exception of its most prominent feature—the strong development of the

* We must here except the cases in which the ordinary orthopædic supports have been worn. Spines subjected to that treatment are usually stiff, and the muscles much wasted, so that they rotate but very little and unevenly; therefore no information can be gained from their action.

† These numbers may not be absolutely rigid, but are remarkably uniform.

left sacro-lumbalis and longissimus dorsi. It is true that he confessed to using the dumb-bells rather more with the right than with the left hand; but in all my previous cases I had always found such or similar work produce with the curve the muscular elevation so often mentioned. The condition was, to my mind, so anomalous that I re-examined all my minute records, my photographs, and my theory of lateral curvature. On his second visit I observed this peculiarity of attitude: he always stood with the right hand placed far back on the hip or on the loins, and threw his elbow as far back as possible. I kept him with me as long a time as I could spare, and standing as much as possible. He maintained constantly this attitude; and, on questioning him, I found it was habitual. Thus, then, was my difficulty not only solved, but a singular proof added to my observations. This position, by throwing back the base of the scapula, caused the serratus to drag upon the ribs, and not only the absence of an extra burden, but the fact of his supporting the weight of the trunk on the right hand, precluded the extra development of the left erectores spinæ.

Accepting, then, the doctrine as above shortly enunciated, it follows that to cure such condition we must proceed by causing the serratus of the convex side to act less, that of the concave side to act more, upon the ribs; furthermore, that we must do this by means analogous to and commensurate with the cause of the one-sided action—namely, with overweighting of the arm in one, with exaggerated and unilateral pectoral breathing in the other, set of cases.

Let us first take the class of dorsal deformity originating in weight-bearing. These cases are chiefly met with among the working classes, and there is therefore difficulty in enforcing those alterations of habits and that attention to directions necessary for recovery. Even there, however, much can be effected; and I have succeeded in curing many cases occurring in careful, well-conducted families of this order. In the first place, it is necessary either to relieve the patient of the work which produced the distortion, or to alter the mode of its performance. This work is generally carrying an infant or other burden: even long-continued sewing will produce slight curvature.* However we may wish to alter the mode of carrying burdens, it does not answer, save in the earliest stages, merely to tell a girl to use the other hand. I have, indeed, seen curves already well marked rendered worse by such ready and rather rough expedient. My rapidly decreasing space does not allow me to explain the pretty obvious reason for this exacerbation: suffice it to say, that it is best of all that the work cease for a time; next best, that the burden be supported on each hand alternately. It is not at the moment when all the body is braced to perform some act of strength that the mischief is done, but in the longer lapse of duller work, when the antagonist muscles, or those that fix the points of origin, neglect their duty, and allow the muscles to lean upon bones and ligaments for their support. We have, then, to obviate the effects of constant or frequent pressure, rather than of exceptional action; and for this reason I have devised a bandage, or sling, intended, not to support any great burden, but simply to hang the weight of the right shoulder on the left one (supposing curvature to the right). The difficulty here is the fact of both parts being on the same level. This was overcome by forming a strut, or beam, consisting of a V-shaped piece of very thin, highly tempered steel, the upper ends of which are connected by a thick india-rubber cord, upon which (properly padded) the shoulder rests. From the lower part of the point of the V sufficiently broad pieces of webbing pass behind and in front of the body to the left shoulder, and these bands are interrupted at intervals by elastic cords dispersed as rings, and by buckles, with means of procuring proper tension. The bandage, properly managed, does not cut. It fully answers its purpose of relieving the right serratus; but since, in all but the earlier stages, it is necessary to produce also another effect, this sling is to be combined generally with a support which I have termed the "oblique bandage." The object of this latter band is to uphold the spine and sides of the chest; but as it will be specially described in the next paper, I will now merely mention it as a band also to be used in this form.

The Shoulder-sling for weight-bearing curves in early stage — The triangular part under the arm consists of a triangular support whose upper side is elastic and soft. The belt portion is rendered elastic by the insertion of strong india-rubber rings.

The points regarding position to be especially noted are these:—The patient should be induced to carry the right arm with the elbow a little in front of the body. A convenient and not an inelegant posture is insured by placing the hand on the left side at the waist. The left elbow and shoulder should be habitually thrown rather back. In sleeping, the patient should be encouraged, whatever posture the body may assume, to keep the right hand on the left shoulder or left side of the neck. The left arm, if the posture be not uneasy, should lie behind the body. In the paper No. III. a woodcut showed the action on the spine of the sloping seat; and it is to be observed that although this agent was especially designed for lumbar curves, yet its action does not stop at the loins, but affects also the back, and is of great value in all forms of dorsal curve.

The exercises to be used in the weight-bearing curve require very careful application, because there are certain points to be considered which I have till now purposely postponed. It is evident that if a weight have produced upon its support a certain effect, that consequence may arise from the excess of weight (either in mass or in time), or from the weakness of the support itself. In practice both these forms of case present themselves to our notice; and, besides, there is a third variety: the support, originally strong, has been injured, and the strength has for the time disappeared. In each one of these classes we must arrange differently our mode of using exercises, and their intensity; in the stronger and the rarer form, we may employ them immediately after having by the above-described devices produced some effect upon the curves, and straightened them to some extent. In the cases originally weak the work must be very gradually and lightly applied; in those which have acquired debility, exercise—even the sloping seat—must be avoided until a considerable improvement in health has been obtained.

The exercises are chiefly directed to the left scapula. Firstly, after by the other means described a certain improvement has been effected, and if the amount of debility do not forbid, we may weight the left arm slightly. This may be done in any way; a piece of plumbers' lead, properly protected, squeezed on above the elbow, is a convenient plan. Let the patient stand in the position of a soldier at "attention," with the right side against the wall; then slowly lift the left hand and arm, at the same time throwing the head back: or simply, in the same position, with the neck well bent back, let her only lift the left shoulder several times. A stronger exercise is to raise the left arm slowly from the side until it forms a right angle with the body, the head being well bent back. Again, to swing the left arm strongly backwards and forwards nearly at right angles to the body, the hand pronated in front and supinated behind; when the patient is strong enough, a weight may be placed in the hand. The influence on the ribs and spine of the last two exercises will be much increased by the following device. A hook or staple on the patient's left holds an accumulator attached to a handle grasped by the patient on the right, with her arm passing in front of her body, so that the force draws the hand well over to the left.

If the weight-bearing curve be in the opposite direction, all these manœuvres must be reversed; they are not to be used lightly nor indiscriminately, and must be from time to time rigidly watched.

* The mere movement of arm and forearm has, of course, nothing to do with the production of curvature: In all manipulations requiring evenness and uniformity of action, some part is kept fixed as a *point d'appui*. Those who have watched women at the needle will have observed that while the arm and forearm are allowed free play, the shoulder and blade-bone are held peculiarly still: this fixity, being produced almost entirely by the serratus, has its effect on the spine.

UNSUCCESSFUL CASES OF OVARIOTOMY IN ITALY.—Dr. Ferratini (of Sarzana) states, in the *Ippocratico* of January, that seven operations of ovariotomy have been undertaken in Italy since the measure has been revived by English surgeons, all seven having proved fatal. Dr. Ferratini contrasts this sad result with the last 46 cases of Mr. B. Brown, 41 of which were successful, and thinks that the principal cause of the failures in the hands of Italian surgeons is the late period of the complaint when ovariotomy is performed. He considers that the resistance of the organic fibre of this and other countries is superior to the tone of the Italian organism; that the moral force is weak in Italy, and that in England, Germany, and America, firmness of purpose is more frequently seen than in Italy.

PHYSIOLOGICAL OBSERVATIONS UPON DR. HARLEY'S "AUTO-CLINICAL REMARKS."

BY HENRY POWER, M.B., F.R.C.S.,
OPHTHALMIC SURGEON TO ST. GEORGE'S HOSPITAL.

THE short report of Dr. Harley's case, published in the columns of THE LANCET last week, under the title of "Auto-Clinical Remarks," is one of great interest, not only pathologically as an instance of a rare form of disease, and therapeutically as indicating the value of rest in the treatment of retinal affections, but also physiologically in reference to the singular phenomena observed. Whilst making a few comments upon the report, I may be permitted to offer my congratulations, in common with many others of the profession, to Dr. Harley on the restoration of his sight, and to trust that his recovery may be permanent. His symptoms appear to have been due to a condition of hyperæmia (sufficiently attested by the rupture of one or more of the vessels), occasioning an extraordinary exaltation of the sensibility of the retina, but not accompanied by what must be regarded as the essential feature of inflammation—interstitial effusion. At all events, when inflammation is really present, hyperæsthesia and extreme intolerance of light are not in general prominent symptoms. Looking at the case from a purely physiological point of view, the three effects noticed—of abolition of the powers of distinguishing colours, of appreciating distance, and the greater persistence than usual of images on the retina—are all instructive. That long retention in darkness abolishes the power of distinguishing colours is interesting, not only as proving that the more refrangible rays of light produced by more rapid undulations are really the most powerful excitors of the retina—greys, reds, and browns giving the sensation of blackness, or the negation of colour,—but also as furnishing another instance of similar effects being producible by opposite causes, the same phenomena being observed, though not in quite so marked a degree, in the healthy eye by short exposure to excess of light, as by looking at the sun for a few moments, or even at the glare of the electric light. In both cases the results are the same, though in one occurring in a retina the sensibility of which has been modified by prolonged rest, and in the other by over-stimulation.

The extreme elongation or extension of all objects noticed by Dr. Harley is a phenomenon of not very unfrequent occurrence after the application of Calabar bean to the eyes, and the term macropsy has been applied to it. The opposite condition (micropsy)—all things looking smaller than natural—is occasionally seen after the instillation of atropine. It is not easy to offer an explanation of these effects. Two conditions which were also probably present in Dr. Harley's case are common to both—namely, the loss of the power of accommodation, and immobility of the iris. It has occurred to me that the great extension noticed after the Calabar bean and by Dr. Harley might possibly be explained by, or rather be connected with, diminished sensibility of the retina for the lower tints of colour; for as we judge of distance very much by play of light and shade, and as objects in proportion to their remoteness appear of duller tints and less defined, so the retina in his case, taking less cognisance than usual of more distant or more feebly illuminated objects, led the mind to refer them to a more remote position than they actually occupied, thus giving the impression of elongation. Or it might otherwise be explained on the supposition that the retina, become highly sensitive by prolonged rest, perceived innumerable gradations of light and shade in every object which usually pass unnoticed, but which here filled the mind, and gave the impression of space, just as the apparent field of vision is in every eye increased in proportion to the number of objects seen in it.

In regard to the great persistence of impressions made on the retina during Dr. Harley's recovery, I may remark that I have observed the retina is much more retentive of the images of external objects in the morning, especially soon after waking, than at night.

Those who are engaged in the practice of ophthalmic surgery will be interested to receive further details of Dr. Harley's case, and to know what means were adopted to obtain "total darkness."

Seymour-street, W., Feb. 1868.

ON A CASE OF

EXCISION OF, AND AMPUTATION AT, THE HIP-JOINT;

RECOVERY.

BY J. H. BARNES, ESQ., M.R.C.S.,
SURGEON TO THE LIVERPOOL WORKHOUSE INFIRMARY.

JOHN M'K——, aged eleven years, two or three weeks previous to his removal to hospital on the 6th of July, 1867, was in the street on his hands and knees, when another boy jumped suddenly on his back, causing "his right leg to give way under him, and producing an acute pain in his hip." For a few days he was able to limp about his room; but the pain increasing, and the leg commencing to swell, he was obliged to keep his bed.

On admission into hospital, there was found to be great swelling and enlargement of the limb from the hip to the knee. The thigh was adducted and rotated over that of the sound side, on which he constantly lay; and any effort to change the position of the injured limb, or examine it minutely, gave rise to such suffering that it was not persisted in. He was, therefore, placed on a diet suited to his weak and depressed state, and the hip and thigh enveloped in poultices. Fluctuation becoming in a few days more pronounced, an incision was made on the inner aspect of the thigh, just above the knee, this being (in the position in which he kept his leg) the most depending point. From this opening pus was freely discharged, and the swelling at the hip daily diminishing, a more satisfactory examination of it became possible. Fracture of the neck of the femur, with dislocation of the head on the dorsum ilii, was diagnosed; and as the patient, in spite of everything that could be done to keep him up, was rapidly getting weaker, being so emaciated that his forearms were bi-concave and translucent, I resolved on at once excising the hip-joint.

The patient, on the 15th of August, having been carried into the operating-room and placed under the influence of chloroform, I made a horseshoe incision down to the joint, commencing at a point posterior to the great trochanter, and terminating it at a corresponding point anteriorly. On clearing the parts and introducing a finger, I felt, as I expected, the detached and dislocated head of the femur, and removed it. The thigh-bone being now projected through the wound, a portion of it, all that was seen to be denuded and diseased, was removed. On a further examination, however, of the shaft of the bone, it became evident that any effort to save the limb would be fruitless, and I determined at once on its removal.

Two difficulties now met me. In the first place, I had only two assistants, and the patient was so anæmic and prostrate that the slightest loss of blood would at once be fatal; and, in the second place, the posterior flap had been spoilt by the previous incisions, and the patient was such a skeleton that it was no easy matter to discover tissue sufficient to form a respectable stump from.

The first difficulty was obviated by placing an abdominal tourniquet over the aorta; and the second, by ignoring the first incision and suturing it partly up afterwards. So complete was the stoppage of the circulation through the aorta that the vessels were taken up and ligatured without the loss of a drop of blood. Before the conclusion of the operation, however, the patient apparently quietly died. All signs of animation ceased; the chest was perfectly still, and no pulse could be detected at the wrists. Thinking the pressure of the tourniquet on the abdomen might be producing an injurious effect, I at once removed it, and with the aid of mechanical and stimulative assistance suspended animation was slowly restored.

For the following notes of the case I am indebted to Dr. Robertson, to whose care and attention the recovery of the patient is greatly due.

First day after operation.—Pulse feeble and rapid; much thirst, and little sleep.

Second day.—Pulse 120, stronger; slept better; takes food well. Stump healthy.

Third day.—Pulse 130; bowels loose, and ejected matter very offensive; had a moderately good night. Stump commencing to discharge.

Fourth day.—Pulse 140; feverish, and little sleep.

Fifth day.—Pulse 135; skin hot. One of the ligatures came away.

Sixth day.—Much the same. Two more ligatures came away.

Seventh day.—Feverishness gone; bowels still loose, with dark offensive motions.

Eighth day. — Patient extremely emaciated and weak. Ordered iron and quinine, and pancreatic emulsion.

Ninth and tenth days.—Œdema of the left foot and leg, which is painful and contracted at the knee-joint. Ordered to be kept in cotton-wool.

Eleventh day.—Femoral ligature came away. Troublesome cough, with much expectoration. Left leg pits on pressure up to the knee.

Twelfth, thirteenth, and fourteenth days.—Pulse 120; sleeps well, and eats well. From this date the patient, who was placed on an unlimited amount of the best claret (this being the only stimulant given), steadily improved. The œdema of the leg subsided; and at the beginning of October he was able to sit up dressed, and the wound had almost entirely healed. He now (January, 1868) only waits for an artificial leg in order that he may walk home. The stump has long since completely ceased to discharge and closed up, and the patient declares himself to be stouter and healthier than he was previous to his injury.

So powerful is the force of example, that another boy in the same ward suffering from hip-joint disease persists in begging and entreating that his leg might be removed also.

Liverpool, Jan. 1868.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

LARGE IVORY TUMOUR OF THE UPPER JAW; EXCISION; DEATH.

(Under the care of Sir WM. FERGUSSON.)

WE briefly referred, in THE LANCET of the 7th of December, to the following case, which is of so rare and interesting a character that a detailed account of it deserves to be recorded. Mr. H. Royes Bell, surgical registrar, has kindly furnished us with the notes. The patient's case was taken by Mr. R. Caldecott, dresser.

G. H——, aged twenty-one, a healthy-looking young labourer from the neighbourhood of Ipswich, was admitted into the hospital in consequence of a large tumour which occupied the superior maxillary region on the left side. This has been present for the last twelve years, and gradually increased for six or seven; but since then it has remained about the same. Two years ago a quack burnt a hole in the tumour with caustic at the inner part. There is a large tumour on the left side of the face, extending from the lower margin of the left orbit to a line an inch above the mouth, rounding off from the outer margin of the orbit to the left ala of the nose. Internally it encroaches on the nose, displacing it a little to the right side; the left ala is flattened in the columna, and that nostril is blocked by the tumour, which projects into it, and may be seen as a rounded mass. The left nasal bone is pushed in front of the tumour. The right nostril is quite free. The floor of the orbit is involved, the eyeball being displaced upwards, forwards, and a good deal outwards. This causes a good deal of deformity. The lachrymal caruncle is two inches and a half from the middle line of the nose; the eye cannot be perfectly closed, as there is a slight ectropion in consequence of the lower eyelid being attached to the tumour. There is no overflow of tears. The movements of the eyeball are nearly perfect, and the sight is useful enough, although not so good as in the other eye. Below, the tumour extends to the alveolar ridge, and can be felt in the mouth above the gums. There is no displacement of the palate, and the tumour cannot be seen in the pharynx. The surface of the tumour is hard and smooth, and, from its appearance and history, judged to be an osseous one, which diagnosis is borne out by the appearance of some rough, black-looking bone which occupies the hole made by the caustic. Some mucus dribbles through this aperture. The tumour is painless, and the man's general health appears to be excellent.

Operation.—On November 30th, the patient having been placed thoroughly under the influence of chloroform, administered on lint in the usual way, Sir William began by cutting the upper lip exactly in the median line; the incision was then continued upwards along the left side of the nose as far as the margin of the hole made by the caustic, and again from the upper margin of this aperture to a point a little below and external to the orbit. Here a perpendicular cut was made to allow of the free application of the saw. The flap thus formed having been dissected back, the whole of the surface of the tumour was exposed. The eyeball was then carefully dissected from the orbit. The saw was then applied to the external and internal attachments of the tumour, and horizontally along the fossa above the teeth. The tumour was then forcibly grasped by a large pair of lion forceps, which slipped continually in consequence of the extreme hardness of the tumour. As the mass could not be moved by the forceps and elevator, a further application of the saw was made, especially at the inner and upper angle of the tumour. It was then removed without difficulty, bringing away with it the floor of the orbit. A few portions of the growth still attached to the interior of the cavity were then removed, and the bleeding from one or two vessels was readily stopped by the application of the actual cautery. The incision in the lip was then brought accurately together by hare-lip pins, and the rest of it by sutures. A piece of sponge was then placed in the cavity left after the removal of the tumour, so that the eye, which had hitherto been supported by an assistant, was prevented from falling. The patient, who had not lost more blood than generally takes place in an ordinary operation on tumours of the upper jaw, was then removed to the ward.

Dec. 1st.—Patient is doing remarkably well. Has slept well during the night, and takes his food without the least difficulty. Has not suffered any bad effects from the chloroform.

2nd.—Patient expresses himself as feeling very comfortable. Pulse strong. The upper eyelid is a good deal swollen, and the conjunctiva raised by fluid beneath. Sir William punctured the conjunctiva in several places, and a good deal of serum escaped. The tongue coated slightly, but moist. Pulse 110, full and strong. Wound looks well.

3rd.—One A.M.: The house-surgeon again punctured the conjunctiva in several places. The swelling has gone down since the afternoon.—Ten A.M.: Mr. Wilcox, the house-surgeon, was called to him between eight and nine A.M., and found him very faint and restless. He was ordered to take as much brandy as he could swallow. Ether and ammonia were also given; but he gradually sank. His lips became white, and his pulse imperceptible. He sank gradually, and died at a quarter past ten A.M., remaining conscious to the last. The only complaint made by the patient was that on the evening of the 2nd his heart palpitated and caused a sense of uneasiness; and again when the house-surgeon was called, when he had a feeling of faintness, and a sensation as if he were dying.

The tumour weighed ten ounces and a half; it is irregular in shape, and about the size of a large fist. It seems to be composed of two parts, a rough cancellated structure, and a white ivory mass. The white ivory mass consists of two parts, of unequal size; the upper part is much the larger of the two, the lower being a process of the upper extending into the free space behind the nares. At the points where the tumour is free the margins are rounded like marbles. The large mass which composes the inner part of the tumour extends horizontally outwards, giving off the outer descending portion from its outer angle. Between this process and the main portion is the *cancellated* tissue, which likewise runs at the back of the tumour, and also along its upper portion, obliterating all trace of the proper floor of the orbit; this seems to be the portion by which the tumour was so extensively attached. The ivory portion is movable on the cancellated portion slightly.

Report by Dr. TRIMEN, curator of museum.—The ivory mass is the true tumour, and shows a tendency to separate from the supporting bone, as in Mr. Hilton's case ("Guy's Hospital Reports," vol. i., pp. 498–506). At the junction of the ivory mass with the cancellated bone tissue is a thin layer of soft

gelatinous substance, which separates whilst it unites them; so lightly, indeed, is the connexion maintained, that, in sawing the growth into halves, the smaller ivory portion easily separated from the bony portion, and it required the greatest care to prevent a similar separation of the remaining larger ivory portion. This semi-fluid connecting tissue was seen, under the microscope, to have the characters of actively-growing cartilage, being crowded with nuclei. There was also commencing ossification in it.

In his remarks, Sir William called attention to the difficulty experienced in the removal of so large a tumour, and one with such extensive attachments, and the necessity of going about the proceeding with great deliberation and forethought. No surgical treatment had been attempted in this case, which had been kept under observation for a few weeks for the purpose of studying the tumour, and also that the patient might get accustomed to the hospital. The patient seemed to have improved since his admission. The steps of the proceeding, which are given elsewhere, were then gone through, and attention called to the effective way in which these incisions allowed the tumour to be exposed, and the slight disfigurement which followed the operation. The instruments used were then shown: the saw with a bowed handle above the blade, so that the hand is above, and does not interfere with the blade sawing deeply into the bone; the lion forceps were especially dwelt upon, as without them these formidable operations about the jaw could not be so readily or effectively performed; these strong forceps were invented by the operator, many years ago, when he began to operate on tumours of the jaws, and have been found most invaluable. Formerly, in many instances the tumours were said to be in the antrum when in fact they grew from the walls, and compressed the antrum. In the present instance the tumour, as well as implicating the wall of the antrum, affected also the floor of the orbit extensively, displacing the eye considerably. Twenty-five years ago the incisions would have involved the roof of the mouth, all the teeth, and half the palate being removed; by these means the patient's chance of recovery would have been rendered less, and the operation more severe. In this case the teeth, which were very good, were left, and the palate not interfered with; the operation is more difficult, as it is not easy to saw horizontally, but the gain is great. The eye in this case was carefully dissected from the orbit, and entrusted to an assistant.

Post-mortem examination.—There was a large cavity in the left side of the cheek, lately occupied by the tumour; there was no clot in it. The upper incision had begun to unite by lymph. The space extended backwards. No portion of the tumour remained. There was a projection about the size of a hazel nut from the sphenoid, near the optic foramen. The tumour implicated the optic foramen, and extended downwards into the fossa of the skull, on the left side, by the sphenoidal fissure. The optic, third, and fourth nerves were to be seen going through the enlarged bone. The brain was quite normal at this spot as elsewhere, and did not seem to have been pressed upon. There was a slight clot non-adherent, and not filling up the left internal jugular vein at the lateral sinus. The posterior lobes of both the lungs were congested, broke down under the finger, and sank in water. He presented during life no abnormal chest symptoms. There was a softish clot in the pulmonary artery. The heart and other organs were remarkably healthy.

UNIVERSITY COLLEGE HOSPITAL.

FOUR CASES OF LITHOTRITY.

(Under the care of Sir HENRY THOMPSON.)

WE witnessed a very unusual sight at this hospital on the 29th ultimo. Four patients were brought into the operating-theatre to be submitted in succession to lithotrity by Sir Henry Thompson. Three of the patients were over sixty years of age, and the fourth was more than fifty years old. No chloroform was used in any of the cases, nor was the bladder filled either artificially or by spontaneous retention of urine. Sir Henry succeeded by the first movement of the lithotrite in seizing and crushing the stone (and, in one instance, two calculi) in three of the patients. In the fourth case, which had already been submitted to four previous crushings, Clover's evacuating apparatus speedily removed the few remaining fragments.

The time occupied in thus operating upon all the four patients, including their arrangement and removal from the table, did not exceed fifteen minutes. Sir Henry employed his own peculiar lithotrite, which seems to give remarkable facilities for rapidity of manipulation, and safety as regards the mucous membrane of the bladder. He pointed out, in some remarks to the class, the definite process which he employed. The lithotrite being introduced into the bladder, and the blades directed upwards, the instrument is opened and closed. In the three cases mentioned the stone was at once caught by the first movement. When this is not the case, he slightly inclines the lithotrite to the right, opens and closes it; then, if necessary, to the left; and, lastly, with the blades downwards. If these processes are not successful, which is very rarely the case, he withdraws the lithotrite as far as the neck of the bladder, and repeats the movements with the blades reversed. The apparent ease, absolute precision, and rapidity of the process, the painlessness to the patient, and the palpable success of the procedure (the crushing of the stone could be distinctly heard, and its result seen in the detritus gathered within the blades of the instrument), were certainly very remarkable. One could not but feel very hopeful regarding the future of an operation which, in the great majority of cases, is as safe and simple as it is effective.

HOSPITAL SHIP, "DREADNOUGHT."

FRACTURE OF THE CRANIUM, EXTENDING FROM THE OCCIPUT INTO THE POSTERIOR FOSSA OF THE BASE; EXTENSIVE LACERATION OF RIGHT ANTERIOR LOBE OF CEREBRUM; DEATH.

(Under the care of Mr. ROOKE.)

ALTHOUGH fracture of the base of the skull is not an injury of rare occurrence, and examples of it are frequently observed in the post-mortem theatres of the hospitals both in London and in the large manufacturing towns of the provinces, the following case presents several points of interest in connexion with the causes and immediate results of the lesion. The subject of this report received an accident which at first seemed to those about him to be of a trivial character, but the autopsy revealed not only an extensive fracture of the vault and base of the cranium, but also severe lesions of the soft parts within. Fracture of the base was not caused in this instance by *contre-coup*, but by the extension of a simple cleft in the occiput, which commenced at the exact spot of the original injury. This case would seem to bear out the views of M. Aran, which have been expounded by Mr. Prescott Hewett in his article on Injuries of the Head, in Holmes's "System of Surgery." According to M. Aran's views, fracture of the base rarely occurs by *contre-coup*, but in most instances by a continuation of a simple cleft running downwards from that part of the vault which was struck directly in the accident.

Hans R——, aged twenty-four, a strong, muscular sailor, was admitted into the Seamen's Hospital on August 23rd, at two P.M. He was in a semi-comatose state, and the following history was given by his captain:—About five hours before, when engaged at work on board his ship, and elevated only three feet above the deck, he suddenly lost his footing, and fell backwards. The back of his head came in contact with the level surface of the deck. He was at once rendered insensible, and as he remained in this state for more than three hours, it was thought advisable to take him to some hospital. He was then put into a boat, and carried from the West India Docks to Greenwich.

The patient when admitted was quite unconscious; the surface of the body was cold, and the pulse scarcely perceptible; both pupils were contracted. There were no marks of external injury; the ear-passages were free from blood or watery discharge; and with the exception of a small quantity of dry and hardened blood clot at the external orifice of the left nostril, there was no sign of bleeding from the nose. The man was at once put to bed, and heat was applied to the lower limbs, and cold to the head. In the course of an hour some amount of reaction was established, and the patient then became very restless, tossing the bedclothes about, and moaning continually. Some yellow fluid was vomited, and a quantity of frothy mucus mixed with blood was brought up from the air-passages. The respiration was short and deep, and the chest sounds were increased in intensity. The patient remained in this condition during the rest of the day; he never became conscious, and towards the evening was affected with

short attacks of clonic spasm. Towards four A.M. on the following day, he became very quiet and pale, and died about half-past four A.M.

A marked symptom presented by the patient from the time of his admission until death was constant vomiting of bilious fluid, and also expectoration of thick, frothy, and blood-stained mucus, of which more than half a pint was thrown up.

Autopsy, twenty-two hours after death.—The body was that of a strong, healthy, and well-developed man. On careful examination of the outside of the head, a patch of ecchymosis was found on the left side of the occipital protuberance; and after the soft tissues had been carefully dissected away, a simple linear fracture was observed, which commenced about half an inch below the left limb of the sagittal suture, and extended downwards and outwards. The skull-cap was sawn off and the brain removed, and the fracture was then seen to extend from the vault of the cranium into the posterior fossa, passing from above downwards and inwards across the left inferior occipital fossa; within an inch of the foramen magnum it divided into two branched fractures, which extended into the foramen, and cut off a wedge-shaped piece of bone, the sides of which were bounded by the two lines of fracture, and the base formed by the free margin of the foramen magnum. This piece of bone was removed by simply dividing the subjacent soft tissues. On the right side of the foramen magnum, extending from its margin, was another linear fracture, which passed directly outwards for a distance of three quarters of an inch. A third fracture extended from the anterior margin of the foramen along the basilar processes of the sphenoid and occipital bones as far as the sella turcica. The surface of the brain was much congested, and the superficial vessels were distended with blood. On the right anterior cerebral lobe there was a flattened layer of dark-coloured coagulated blood, and this reached forwards and downwards to the under surface of the brain. Here the cerebral tissue was found extensively lacerated, and broken down into a soft mass made up of nerve-structures and coagulated blood. The other parts of the encephalon were unaffected. There was considerable effusion of blood at the base of the cranium, and the right lateral sinus seemed to have been ruptured near the posterior foramen. There were no signs of fracture in the middle and anterior fossæ. The lungs were crepitant over the lower lobes, and the surfaces of both organs presented a healthy appearance. On section, an immense quantity of brown frothy mucus exuded. At the apices of both lungs were observed large claret-coloured patches of congestion. The stomach was empty, with the exception of some thick, tenacious, and bile-stained mucus. Mucous membrane much congested over the whole of its extent. Liver of a dark-brown colour; the veins were filled with dark fluid blood. The remaining viscera, both of thorax and abdomen, were healthy.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 28TH, 1868.

MR. SAMUEL SOLLY, F.R.S., PRESIDENT, IN THE CHAIR.

ON A CASE OF VESICO-INTESTINAL FISTULA, FOR WHICH COLOTOMY WAS PERFORMED; WITH REMARKS.

BY THOS. BRYANT, F.R.C.S.,

ASSISTANT-SURGEON TO GUY'S HOSPITAL.

THE case was one which Mr. Bryant was asked to see by Dr. Habershon in Guy's Hospital in March, 1867. The patient was forty-nine years of age, married, and the father of ten children. Twenty-seven years previously he had been in the West Indies, where he had yellow fever and ague. He returned home after five years in good health, and remained well for twenty-one years, or till two years before his admission, when he was seized with a violent attack of purging, and the passage of a quantity of blood. From that time he had passed at uncertain intervals slime and blood in small quantities with his motions. Eight or nine months since he passed some ounces of blood from the bowel, and seven months since he began to have pain across the hypogastrium and about the anus. Six weeks after noticing this pain, he observed flatus and a small quantity of blood and fæces pass with his urine. Of late he has suffered from difficulty in defecation, and frequent desire; but the act has not been associated with pain. His motions have, however, never been well formed since his illness. He has never had syphilis.

When coming under observation, his abdomen was natural; no swelling or tumour could be detected in it. Urine was loaded with feculent deposit, and the act of micturition was most painful. On making a local examination of the rectum, extensive ulceration of the lower bowel was readily made out, and an apparent stricture high up. This ulceration was, however, free from all adventitious deposit.

As the case appeared to be one of simple ulceration of the bowel, with a fistulous communication with the bladder, colotomy was suggested and performed on April 27th, with the view of affording a free outlet for the intestinal contents above the seat of the disease, and the hope that the fistulous vesical communication would subsequently close, and the ulceration of the bowel heal; the certainty existing that relief to the patient's suffering would be afforded for a time, if not permanently secured. The operation was performed without difficulty, Mr. Bryant making an oblique incision from above downwards and forwards, its centre passing across the middle of the external border of the quadratus lumborum muscle; the object of this incision being to give plenty of room. Immediate relief was experienced by the patient. In two days the urine became clear, and was passed without pain.

An abscess subsequently formed in the perineum, which was opened by a deep incision; but this soon healed, and everything went on well till June 20th, when a change took place. Abdominal pains appeared in the region of the bladder, and some constitutional disturbance. On June 25th these symptoms were relieved by a sudden rush of fæces into the bladder, and their passage with the urine. The fæces were thin, and evidently from the small intestine. From that time the man's power gradually gave way, and he sank on August 27th, four months after colotomy had been performed, and two after the reappearance of fæces in the urine.

After death it was discovered that the bladder, large intestine, and small intestine communicated with an abscess at the base of the bladder, and that all signs of ulceration of the intestine had disappeared, with the exception of the fistulous opening into the abscess. The left kidney was completely disorganised, and was full of thick greenish pus, as were the ureter and bladder.

Mr. Bryant, in his remarks on the case, said it would be read with interest by those who had studied Mr. Holmes's paper in the last volume of the Society's "Transactions;" for it tended to support the conclusions which Mr. Holmes had drawn from the consideration of his own and other cases. It supported the conclusion "that ulcerated openings sometimes take place between the bladder and either the large or small intestine, many of which have no connexion with previous stricture of the gut, still less with disease; that in those cases in which the fæces discharged into the bladder came from the lower gut, and are consequently more solid, great suffering is produced;" and "that in such cases as are not dependent on malignant disease, colotomy, by diverting the fæces from the fistulous channel, may enable the latter to close, and thus relieve the patient's sufferings, and restore him to a condition of health and of comparative comfort." For in Mr. Bryant's case all these points were well supported: relief to the patient's sufferings was afforded, and the healing of the ulceration in the bowel followed the operation. Mr. Bryant closed his paper by making some remarks on the value of the oblique incision over Amussat's transverse and the vertical of other surgeons. He believed it gave more room for manipulation in cases in which there is a strong probability the colon is empty, and may have to be looked for towards the pelvic brim; it takes the line of the nerves and vessels which pass from the lumbar region; it follows the ordinary integumental fold of a patient when assuming the recumbent position, and possesses all the advantages of any other line of incision.

The PRESIDENT thanked Mr. Bryant for bringing this operation again before the notice of the profession. It had been too long neglected; in itself it was neither dangerous nor difficult. He thought that the oblique incision suggested by Mr. Bryant added much to the value of his paper. The great mistake in these cases was putting off the operation too long.

Dr. HABERSHON took the opportunity of correcting a slight mistake in Mr. Bryant's paper as to the condition of the man's lungs: there was in reality slight flattening and imperfect resonance at their apices. He could bear testimony to the great amount of relief afforded the patient by this operation.

Mr. MOORE said that he did not rise to speak of the operation, which was now proved to be alight and satisfactory, but

rather to make some suggestions as to the mode in which the opening into the bladder was produced. He had encountered certain cases which tended to illustrate this point. He thought there was first a small adhesion at one spot which subsequently became the seat of ulceration. Examples were frequent.

Mr. CHRISTOPHER HEATH said that matters were surely quite the reverse—that the ulceration came first, then the adhesion. This adhesion was merely a provision of nature for preventing death. Eighteen months ago a case came under his care in which, although the urine passed into the bowel, the faeces did not escape into the bladder. He used the rectal endoscope, and was surprised to find the large extent of gut thus displayed. Still no mischief could be seen even by it. In some cases the instrument might be of service, as in the application of the actual cautery.

Mr. NUNN referred to the interesting case of a sweep who suffered so much from the pain of a similar opening into his bladder as to cut off his penis to relieve it. The case was brought before the Pathological Society. Mr. Nunn declined to operate.

Mr. J. WOOD would ask a question. The patient was clearly strumous, yet there was no account of looking for tubercle. Was it the origin of the ulceration? As aiding the diagnosis of the site of ulceration, the nature of the discharge was important; this also bearing on the propriety of performing any operation. Colotomy at best was only a palliative; most died after it. There was a patient now under his care who had been ill two or three years, and by the constant and skilful use of the rectum bougie he had been able to secure closure of the opening. If the opening was low down, this procedure was best; if it was high up, it was a question whether colotomy should be employed. As to the method, he thought that the oblique incision was likely to expose more of the kidney than the whole one. This it was advisable to avoid. In other respects the incision was good. He attached no great importance to the cutting of nerves; they soon reunited, as in one of his cases where there was perfect union of the cut ends of the median.

Mr. T. HOLMES remarked that Mr. Bryant's case greatly resembled his, the patient dying in much the same way. There was no connexion with tubercle in other parts of the body so far as he was aware, but the post-mortem examination had been made out of town. Mr. Heath's observations were strictly borne out by his case, as there was a third ulcer in the intestine without adhesion. Mr. Wood remarked on the diagnostic value of the discharge. In his case this was well shown by the discharge of urine. He (Mr. Holmes) did not think much of the endoscope in such cases. The diagnosis was usually tolerably clear, but a reserved opinion ought to be given as to the danger of operation. One of his cases had done well; in another the patient died in forty-eight hours. He was willing to try the oblique incision, as he did not fear exposing the kidney.

Mr. BRYANT, in reply, thanked the Society, and the President in an especial manner. He said the surgeon was often called too late to do any good. He thanked Dr. Habershon for his correction, and Mr. Wood for his criticism. There was no appearance of tubercle near the diseased spot; and if no greater objection could be brought against his incision than the fact of the kidney being thus exposed, he was rather pleased to see it than otherwise. He considered it important to separate cases of cancerous disease from those of simple ulceration, as colotomy was most likely to succeed in the latter case.

The PRESIDENT thought men should not be deterred by tubercle, the relief afforded was so great.

CASE OF RECOVERY AFTER SUPPOSED PARTIAL DISLOCATION OF THE NECK, CAUSED BY THE BLOW OF A FALLING BARN-DOOR.

BY J. B. MARTIN, M.R.C.S., VENTNOR.

(*Communicated* by SAMUEL SOLLY, F.R.S., President.)

Emily M——, aged twenty-four, nurse, a stout, healthy country girl, of active habits and intelligence beyond the average of her class of life. Returned home on the evening of Monday, July 29th, with the children under her charge, between eight and nine o'clock, and having placed the little pony-chaise they had been using away in the barn, was in act of closing the doors, when she perceived the left-hand door was falling, and likely to crush one of the children. She beat the child back with her hand; but before she could escape herself, the door (an oak one, 11 ft. high by 5 ft. 4 in. in width, weighing 480 lbs.) fell, striking her on the side of the head, and carrying her with it to the ground, where it rested upon her. She was stunned at the time, but soon recovered her recollection. On assistance arriving, and the door being removed, she was totally unable to raise herself, being numbed all over, completely paralysed, and suffering from difficulty of breathing. When raised from the ground, it was observed that her head was bent forward, and slightly to the left side; and although herself aware of this, when told to lift it up, she had no power to do so. A chair having been procured, she was placed in it, and upon her fellow-servant endeavouring to raise her head for her, she felt and heard something go into its place with a snap, soon after which she so far recovered herself as to move with assistance, though with great difficulty, into the house, when she became faint, and vomited slightly, but was able after a short interval to retire up-stairs to her bed. The faintness and nausea continued more or less during the night, with pain in the head and neck, and inability to move without assistance. The recumbent position was so painful that, with the help of her fellow-servant, she was moved into an arm-chair, where the head was supported by pillows, affording great relief.

She was seen for the first time about noon the following day. The countenance was pale, the expression somewhat stolid, and the features were swollen. She complained of pain in the head and neck; but what was most noticeable was a feeling of alarm lest the head should be moved. The surface of the head and neck, especially on the right side beneath the angle of the jaw, was morbidly sensitive, and there was a dread of even a hair being pulled. She was perfectly conscious, and, though exposed to a very strong light, there was no intolerance; the pupils were natural; the skin soft and cool; pulse 84, soft and regular; numbness of the right hand and arm, with partial inability to move them; slight ptosis of the right eyelid; difficulty in opening the mouth, being only able to protrude the tip of the tongue; could only swallow liquids. To be kept perfectly quiet; the head and neck to be well supported; the hair to be removed, except just in front; to apply an evaporating lotion to the head, and fomentation to the neck by means of spongio-piline.

When seen again towards the evening she was rather more comfortable, free from constitutional disturbance, and had had a short nap. The necessity of supporting the head and neck by means of a gutta-percha splint was considered, but abandoned, in consequence of the excessive tenderness of the surface, the heat it might produce, and its interference with the local application of the fomentation, which afforded great relief.

The night following the accident she retired, contrary to directions, to her own bed, but was obliged to resume the position in the chair, as she found the recumbent posture could not be borne. She continued gradually to improve from day to day, although it was not until the 3rd of August, five days after the accident, that she was able to obtain rest in bed, and then only when well supported by pillows. The position in the chair was still the most comfortable, and she was accustomed for some days after to rise as early as four A.M. to resume her place in it, retiring to bed at night for the sake of change. She was always most careful in raising herself, and refused assistance, for fear of having the head jerked.

Her improvement was progressive throughout, with the exception of a return of headache on the 14th of August in consequence of some excitement, but which soon disappeared. On the 21st, three weeks after the accident, she so far recovered as to be allowed to go down-stairs, and walk in the garden towards the cool of the day. The ptosis of the right eyelid had then disappeared, and the countenance had resumed its natural expression. The power over the right arm, although still imperfect, was gradually improving, and the only thing noticeable was that she carried her head in a stiff and formal manner, with a drooping forwards, a condition which continued more or less until the beginning of October, when it gradually passed off, and she recovered by slow degrees control over the motions of the head. The morbid sensibility of the surface of the head and neck, with pricking of the skin, and occasional pain under the jaw, continued more or less for a fortnight, and there was likewise up to that period a sense of falling backwards, if unsupported, or any attempt made to raise the head.

The treatment consisted in keeping the patient perfectly quiet, in the upright position, with the head well supported by pillows, low diet, an evaporating lotion to the head, and fomentation to the neck by means of the spongio-piline.

The author concluded the history of the case by some remarks as to its precise nature, accounting for the skull not

having been fractured by the blow causing the accident on the supposition that the head must rather have been violently pushed aside than directly struck; and he alluded especially to the interesting physiological phenomena announcing temporary pressure or injury of the spinal marrow—namely, the difficulty of breathing, the exalted sensitiveness of the scalp and integuments of the neck, the general numbness, incomplete palsy of the right arm, and ptosis of the right eyelid, all of which symptoms gradually disappeared, leaving the patient free from any trace of injury, eleven weeks after the accident.

The PRESIDENT said that he wished to encourage the reading of single cases, and remarked on the value of the present one as bearing on the question of cutting down and trephining the vertebræ in fracture or dislocation.

Dr. INGLIS narrated a case he had seen in Australia. A boy was thrown against a tree; he remained insensible for some weeks, and when seen by him certain of his vertebræ seemed to be slightly displaced. When he tried to twist his neck he fell down in a convulsion. He only saw him once.

Mr. HOLMES remarked that the evidence as to displacement in the case before them was rather weak. He had seen one where the last dorsal was separated from the first lumbar vertebræ. No great force was needed for their reduction, but the patient died of gangrene. He held to extension, rather than to operation.

The PRESIDENT said his observations applied rather to cases of fracture than to those of dislocation.

Reviews and Notices of Books.

Neligan's Medicines, their Uses and Mode of Administration. By RAWDON MACNAMARA, Licentiate of the Royal College of Physicians; Licentiate, Fellow, Member of Council, and Professor of Materia Medica, Royal College of Surgeons in Ireland; Surgeon to Meath Hospital, &c. Including a complete Conspectus of the British Pharmacopœia, an Account of New Remedies, and an Appendix of Formulæ. Seventh Edition. Dublin, Fannin and Co.; Edinburgh, Maclachlan and Stewart; London, Longman and Co.

ONLY two years elapsed between the publication of the sixth edition of this work and its being out of print. A more complete justification for the issue of another edition could not well exist. But there did exist a reason for the entire recasting of the work of 1864 in the issue of the 1867 edition of the British Pharmacopœia, which, as our readers are aware, was an entirely different work from the previous British Pharmacopœia.

Mr. Macnamara's version of Neligan is now a very valuable one, including the substance of the British Pharmacopœia, an account of all recent medicines not admitted into the Pharmacopœia, with such explanations of pharmaceutical processes and preparations as are not given in the Pharmacopœia itself, and such comments on the action of medicines as might be expected from the chosen associate of the lamented Neligan, and the Professor of Materia Medica of the Irish College of Surgeons. In various ways, more than two hundred pages have been added to the former edition. Two entirely new chapters have been added—one upon Waters, the other upon the Administration of Medicines: the one including a mass of most valuable information frequently needed by the intelligent practitioner; the other abounding in practical hints for the best use of medicines, upon which our utility as medical men greatly turns.

The established reputation of this work, and the fact of this edition being the seventh, make it unnecessary for us to express any criticism other than may tend to perfect the successive editions of this work which may be expected. We should like to see the plan of describing medicines under the head of certain alleged actions, physiological or therapeutical, abandoned. It has two great disadvantages. It involves the repeated introduction of the same substance, and so swells the size of the book. Moreover, it leads to the necessity of a dogmatic statement of the therapeutical doctrine of the action of medicines, which in the present state of therapeutics is most undesirable. We have got a new and simple Pharmacopœia. Our leading writers on Materia Medica, such as Mr. Macnamara, should take the opportunity to liberate therapeutical theory from its old ruts. But with an adhesion to the old terms expressive of the action of medicines this is scarcely possible. And this conservative use of old therapeutic terms leads to the appearance of a more conservative therapeutism than probably the author himself practises. An illustration of our objections may be found in the case of carbolic acid, a medicine now deservedly attracting great attention. Mr. Macnamara of course makes reference to the use of it by Mr. Lister. But it is classed among astringents; for the simple reason, we presume, that it must be classed somewhere, and that there is no word—except, perhaps, the word antiseptic—which would express our present notions of its mode of action. An alphabetical arrangement of medicines would be much the shorter one, and would permit a simpler, and, by so much, a more scientific statement of our present imperfect knowledge of the uses and modes of action of medicines.

Among the merits of this work are to be mentioned the excellent description of the action of medicines which have of late come into general use, such as cerium, atropia, nux vomica, cannabis Indica, and of medicines which have been peculiarly used by the Irish school of physicians. Of the latter class is cannabis Indica. Mr. Macnamara's whole account of the action of this remarkable drug is good, and will be endorsed by those who have experimented with it; and his allusion to a use of it familiar to men who have passed through the Dublin obstetric school, shows how observing and discriminating the author is:—

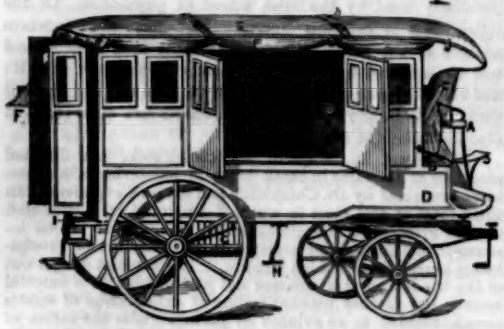
"My friend Dr. Maguire, of Castleknock, has directed attention to its value in small doses in menorrhagia, a statement confirmed by Dr. Churchill's and my own experience. In three cases of this class in which I employed it, it produced curious symptoms, resembling mania, the patient in one instance being fortunately arrested in the very act of precipitating herself from a high window. The attempt to get out of the window in this case was not attributable to a suicidal motive, but to that peculiar feeling of exhilaration of spirits already alluded to as evinced by persons under the action of Indian hemp, which is sometimes so intensified as to lead the individuals to imagine themselves possessed of an ethereal nature, and to be independent of material support."

In leaving this book in the hands of the profession, we would state that we know no other work which treats so fully, and withal so practically, of our present materia medica.

An Inquiry into the Suitableness of Certain Articles of Army Hospital Equipment for India. By Surgeon-Major CHARLES R. FRANCIS, M.B. Lond., H. M. Indian Army, Bengal.

OF the benefits resulting from the late Exhibition in Paris the army will naturally derive a fair share. The Prussian Government, impressed with the importance of having its army hospitals fully prepared for the field, sent over modellers and draughtsmen with a view to the ultimate construction of suitable articles of army hospital equipment; and Professor Gurlt, of the King's University at Berlin, will shortly publish a volume for the Prussian Government on the subject. Professor Longmore was also deputed, on the part of England, to examine the sanitary collections; and Dr. Francis, Medical Examiner to the Government in Bengal, has done similar service for India. Indian army hospitals are very imperfectly equipped in certain respects. For example, there exists but one mode of transporting the wounded from the field of battle to the field hospital—viz., the inevitable dooly. This is a valuable conveyance, inasmuch as it surmounts the difficulties of the roadless regions of India, and a wounded man need not be removed from it on arrival at the field hospital. The dooly, after detaching the pole and upper framework, becomes his permanent bed. Constructed as it now is, it is heavy and cumbersome, requiring four men for its transport,

with a relief of two more, giving an aggregate (as 100 doolies are told off for every regiment in a campaign) of 600 dooly-bearers for each! Dr. Francis does not propose to do away with the dooly, but to reduce and modify its dimensions, so that fewer men shall be required to carry it, and to reserve it for the use of those only who cannot sit up. For those who can, and for those only, he would provide an ambulance. In the work before us, which contains several drawings very neatly executed by Mr. J. C. Anderson, of Croydon, an illustration is given of an improved form of dooly, in which the light, yet firm, waterproof covering—arched instead of flat—can be removed from its connexion with the bedstead, and re-adjusted, with great facility. We have also a sketch of a pair of wheels, devised by Sergeant Shortell, of Netley, under Dr. Longmore's superintendence, to which a litter of any ordinary width can be adapted. These wheels have been introduced as part of the army hospital equipment in Prussia. Where many wounded are congregated together, and the supply of bearers is limited, as in India, they would be invaluable. A litter, fixed on a single pair of such wheels, is better balanced, and offers an easier mode of transit than a dooly. Dr. Francis gives us two forms of ambulance—one to serve as a *travelling hospital*, suitable for a campaign, where the wounded are often separated from the base of operations (and so from the field



A. Driver's seat. B. Front seat for the wounded. C. Waterproof apron. D. Tap to communicate with the tank. E. Imperial. F, F, F. Awnings. G. Cage box. H. Side step. I. Seat for a medical subordinate. J. Canopy to protect those sitting in front.

hospital) for a day or two, in which case they would require complete protection from the elements by night and by day; to be furnished with the necessaries of life, as well as with medical benefits; and to be provided with medical attendance; and another, of lighter construction, to follow a regiment on the march, or to convey sick men from the barracks to the hospital in quarters. An improvement upon the ordinary British army field stretcher is suggested in the addition of *legs*,—an obvious advantage where it is necessary to put the stretcher down, *en route*, in undulating or wet tracts of country. The peculiar advantage of this stretcher consists in the facility with which, first the poles (with the legs and traverses attached), and then the canvas, can be removed from under and about the wounded man, when he is placed on his new bed, without disturbing him much. Then, there is a medicine waggon, containing, besides ample space within for the surgeon to dispense medicines, a medicine chest, in which the bottles are fixed in their several receptacles by means of a spring, intended to supersede the old plan of enveloping the bottles in rolls of tow, and stowing them away deep in camel trunks; a knife and fork combined for one-handed men, said to be an American invention, but in reality English; a havre-sac and medical companion, suitable for mountain warfare; and, finally, a water bag (made, we understand, by the action of sulphuric acid on blotting-paper) to hold cooled water for use in cases requiring the application of cold;—it is more pliant and manageable than a bladder, and obviously superior to a fold of cloth. In the construction of all these models, Dr. Francis has availed himself of ideas from various sources, and, combining them with his own as to the necessities of the country, has had articles manufactured which are adapted, we believe, especially for India. The subject of conveyances has long been under discussion; modifications of doolies have frequently been suggested, and ambulances have even been constructed; but a really suitable dooly and ambulance is still a want, and this Dr. Francis has endeavoured to supply.

New Inventions
IN AID OF THE
PRACTICE OF MEDICINE AND SURGERY.

INHALER FOR BICHLORIDE OF METHYLENE, ETHER, AND CHLOROFORM, BY SPRAY DISTRIBUTION;
WITH MOUTH-PIECE AND NOSTRIL-TUBE.

MR. FOVEAUX, of the firm of Weiss and Son, has submitted to us for inspection a new inhaler, adapted equally for bichloride of methylene, chloroform, and ether. (It was constructed by that firm for Dr. Richardson.) The first step in the construction of this inhaler was a plan by Mr. Foveaux for combining a spray tube with a common metallic mouth-piece carrying a demette diaphragm. After bichloride of methylene came into use, Dr. Richardson suggested a modification of this inhaler for that fluid, so as to secure a larger mask and a broader under surface for the demette; the demette to be changeable easily, so as at all times to be clean. The larger mask and surface were required because of the greater lightness of the vapour of the bichloride, and its low boiling point as the fluid. The instrument, after being modified as above described, is now used by Dr. Richardson with the best results.

The inhaler is represented in the accompanying diagram as

ready for use. The mask is made of light vulcanite, and easily and lightly covers the mouth and nostrils. In the upper part of the mask is a spray tube connected with a graduated bottle holding the liquid, and worked by a very small hand-bellows. Inside the mask is the movable demette diaphragm; and when the fluid is sprayed by the stroke of the bellows, it spreads over the demette in a state of the finest subdiffusion; it can, in fact, be presented drop by drop, thus distributed. Anæsthesia with this inhaler can be produced in an adult with

two or three fluid drachms of bichloride of methylene, and with from four to six drachms of ether, of specific gravity 0·720, and boiling point 92° Fahr. When chloroform is used, one or two drachms suffice. In all cases the fluids should be sprayed slowly at first, so as to be pleasant to inhale. Ether, when quite pure, is least pungent.

To make the inhaler complete for every operation, Dr. Richardson has added a tube for nostril inhalation in cases of operation in or about the mouth, as for removal of the jaw. In this kind of operation, after the patient has been narcotised in the usual way, the mouthpiece or mask is removed from the face, and the free end of the nostril tube is inserted into or held close to one nostril. The administrator is thus enabled to move altogether from the surgeon, and the narcotism can be sustained thoroughly during every step of the operation.

The mask, when closed, carries within it the bottle of fluid, bellows and tube, and demette, and is compact, light, safe, and ready. Its advantages are that by it the surgeon can use whichever anæsthetic he may select,—ether, chloroform, or bichloride of methylene—with equal ease; and it is just possible that had such an inhaler been employed in the days when ether only was known, that fluid would have maintained its original place and character as an anæsthetic. In midwifery practice, and in all cases where the operator is single-handed, this inhaler is far more convenient than any other.

THE OUTBREAK OF FEVER AT TERLING.

THE lengthened inquiry of Dr. Thorne, the medical inspecto sent down to Terling by the Medical Department of the Privy Council Office, has been brought to a close, and we now have before us a copy of the report which the inspector has made to that department, and which brings the accounts of the fever down to a recent date.

The report of the inspector first of all describes the topography of the village, in terms very similar to those in which we described it in our columns on the 18th of January last; it is therefore unnecessary that we should again give a description of the locality; we will, consequently, at once deal with the outbreak itself.

The present epidemic is one of true typhoid fever, and deserves notice both on account of its magnitude and the suddenness of its occurrence; for, says the reporter,—

"Almost entire families were attacked, a father only remaining in some instances to nurse and attend to his wife and a large family of sick children. The disease is of unusual severity, the characteristic rose spots are very abundant, and hæmorrhage from the bowels exists in a large number of cases; great prostration of the nervous power is evident from the first day of the affection, and in some instances the patient seems to be almost instantly overwhelmed with the intensity of the poison. ..... On the 13th of January, 1868, 208 persons had already been attacked by the prevailing malady, and several fresh cases were daily occurring. I do not include in my number cases of so-called diarrhœa (possibly all mild cases of typhoid fever) which were only accidentally heard of, and which probably were numerous, though not of sufficient severity to call for medical relief."

The first case of fever occurred on the 13th of November; the next not until December 4th, when the epidemic seemed rapidly to develop, for the report says—

"During the following ten days 30 fresh cases were seen; but on the 15th, 16th, and 17th by far the largest number were attacked, 22, 19, and 12 cases occurring respectively on those days. After this, though the daily number of fresh cases was by no means so large, still a steady increase took place. ..... As yet, however, only one death had taken place—namely, on Dec. 14th; but when the third week of the epidemic had arrived, a steadily and gradually increasing death-rate commenced, and on the 30th twelve of the patients had died, and others were dying. Terling was now completely panic-stricken. ..... No class of persons was exempt; the rich, the well fed and clad, were attacked in common with the poor and destitute. At Lord Rayleigh's residence 10 cases had occurred, the vicar's house was a seat of the epidemic, and from one end of the village to the other the disease seemed to be almost evenly spread. Age and sex seemed to present remarkable peculiarities: thus, out of 145 cases whose ages I was enabled to obtain, 79 were children under fourteen years of age, and of the remaining 66, 50 were females, leaving only 16 males, whose ages exceeded fourteen years, out of the entire number attacked."

And this peculiarity as to the age and sex of the persons attacked the reporter expresses his belief is to be ascribed to the fact—

"That the men, and the majority of the boys over fourteen years of age, spend the greater portion of their time away from home, labouring in the fields, and that they principally drink beer; whereas the women and children are left at home, and procure a considerable portion of their beverage from the wells, the children drinking directly from them much more frequently than the women, owing to the latter consuming a good deal of tea, in making which the water is of course boiled."

The causes of this severe epidemic, which, up to Jan. 13th, had stricken down 208 of the inhabitants, and caused upwards of 20 deaths in a population of 900 souls, were due, as we stated in our columns on the 18th of January last, to local influences, and these have been proved (as we then surmised they would be proved) to be the existence of overcrowding, the accumulation of filth and nuisances, and the use of polluted water. The report states:—

"Overcrowding is almost everywhere met with, and at the present time it exists in its worst form; two and three fever patients are frequently seen lying in one bed, whilst several of their healthy relatives occupy the same room. In one instance I found a woman suffering from the epidemic disease, occupying, with six of her family, a bedroom measuring only 10 ft. long by 9½ ft. broad, and 6 ft. high; the chimney was blocked up, and the only window was less than 3 ft. square. Here each individual had less than eighty-two cubic feet of air; and ventilation was, as indeed almost everywhere, entirely neglected."

The accumulations of filth would seem almost incredible, they are so general—in fact, they existed everywhere, except, perhaps, at Terling-place and the Vicarage. We will give a few of the instances pointed out in the report; and as the pollution of the water-supply, which is from wells, is so intimately connected with the abominable nuisances allowed to exist, we will treat of these two parts of the report together.

Speaking of one cottage which stands alone, Dr. Thorne says—

"Its entire contents are collected in a huge hole behind it in an adjoining field; the other two stand together, and empty their contents on to the same field. Into one of these a very large amount of soapsuds and water is daily thrown from a washhouse; these become mixed with the fæcal matter, and the whole runs in a large mass, which subsequently divides into several streams for about twenty yards down the field, which slopes towards the river. This portion of the field is so saturated with fæcal matter as to be converted into a foul swamp, which I found it impossible to walk across. Three yards from the margin of this flow of filth, and at a very much lower level, is a well about 5 ft. deep, and, owing to its very low situation, it is never known to be empty. This well supplies the four cottages just mentioned, and it is impossible that it can be otherwise than seriously contaminated by the fæcal matter running from the above-named privies—indeed, from its position, it is evident that the water supplying it must pass through the very ground into which the filth sinks, and hence it becomes, in plain terms, a filtrate of human excrement."

These are but two examples of what is recorded in the report. We read, however, of another lot of cottages having a well within twenty feet of a deep cesspool loosely lined with bricks, and within twelve feet of another cesspool and privy. At another house the well is situated at the lowest point, whence the ground gradually rises; and within twenty-six feet of it are two manure heaps with a cesspool between them, three privies, behind each of which is a receptacle for fæces, one of which receptacles was twelve feet by fifteen feet, and so crammed with fæcal matter that its contents had been

poured down an incline and there burrowed out a second cesspool nearly twelve feet long by eight broad.

The reporter, when speaking broadly of the question of the nuisances, says that "at Terling all the nuisances which are generally associated with outbreaks of typhoid fever exist in great and unusual abundance, and all that is necessary to produce contamination of air, soil, and water is to be found throughout the village." In what manner these nuisances became active in the development of the present outbreak is clearly and most instructively shown by Dr. Thorne. During the latter part of the summer and in the course of autumn the water in the wells had gradually sunk.

"The date," writes Dr. Thorne, "at which the water reached the lowest point varied according to the altitude on which the well was placed, and also to its depth. One had been empty two months preceding my visit, a second three weeks, and in others the water had been gradually sinking until the latter end of November. Following this drought, came a sudden flow of water into all the wells, and this, I was generally informed, took place about three or four weeks before I arrived at the village. In three cases, however, I was enabled to ascertain the exact period of its occurrence, and thus to trace out the connexion which it bore to the disease. A few instances will make my meaning plain. In one of the most populous parts of the village stands a row of five cottages, ill constructed and badly ventilated; they are built of wood, and are called the Old Workhouse Row. Behind them stand some pigsties and accumulations of refuse; ashes and slops of every description are evidently thrown into the yard in front, which is unpaved, and the ground has every appearance of being sodden with filth. In this yard is an uncovered well for the use of those who inhabit the row. At cottage No. I. there has been one case of typhoid fever, at No. II. one case and one death, at No. III. two cases and one death, at No. IV. three cases, and at No. V. two cases. The water in the well, I ascertained, had very gradually sunk during the summer, and after having remained empty for about two months, during which time all those living here procured their water from a neighbouring well, bearing the name of 'Middleditch's well,' it rose again towards the end of November. A woman living in the first cottage was delivered of a child on the 19th of November, and she experienced considerable inconvenience owing to there being no water at hand with which her linen could be washed. Exactly one week after the birth of her infant, that is to say on the 26th of November, water was again found in the well; it was immediately procured for the use of her house, and it was also on that day used for drinking purposes. The first case of fever in this row occurred in this woman's family on the 6th of December, ten days after the rising of the surface water, or, in other words, the period which elapsed between that event and the outbreak of the disease corresponds to what is generally admitted to be about the period of incubation for typhoid fever. On the 9th of December, two more cases occurred in this same block of cottages, another on December the 12th, and three more on the 15th. At first sight the connexion between these latter cases and the rise of the water seemed to be less distinct; but on inquiring more minutely into the matter, I ascertained that in other cottages, although the water was used for scouring the floors from the first, yet, owing to its not having its normal bright and clear appearance, all the drinking-water was brought up from Middleditch's well for several days longer, but the exact number of days I was in no instance able to ascertain."

Other illustrations are given in detail, and Dr. Thorne adds—

"It is evident that for years the landsprings supplying the village must have washed the foul materials which had soaked through the ground into the wells, although, owing to the water being very abundant, the contaminated solution thus formed was very much diluted. ..... Recently, however, although the soakage of filth into the ground has been going on, there has been a deficiency in the water-supply; that filth must therefore have accumulated until the rise in the surface-water took place, when the whole would naturally be washed from the surrounding ground into the wells, and thus give rise to an intensely saturated solution."

Dr. Thorne points out that the phenomena of the outbreak in connexion with the rise and fall of the subsoil-water are not in accordance with Professor Buhl's views.

In conclusion, Dr. Thorne comments upon the imperfect supervision of the local nuisance authority; and he throws the responsibility upon the local board of guardians for not taking steps to prevent the insanitary evils existing at Terling. This leads us to ask the question, whether the law does not provide for such a case as the present. We answer that it does; for by the Sanitary Act power is given to the Secretary of State to deal with such a board as the one which is reported to be answerable for the sickness and death at Terling. We hope that further steps will be taken by the Government in this matter.

MEDICAL AND NATURAL SCIENCE TEACHING AT OXFORD AND CAMBRIDGE.

To the Editor of THE LANCET.

SIR,—I am glad we gave "Lumbricus" an opportunity for explaining himself. He would say, "I don't speak literally, and of course you don't." "Lumbricus" does not say what he means, and does not consider we mean what we say. Well, after all, it is only a little extension of the golden rule.

"There is no medical school at Oxford, and no one there wishes there should be. In this Oxford differs from Cambridge." Now, "Lumbricus" declares himself a student in medicine at Oxford.

"Lumbricus" will be glad to learn that my information concerning the comparative anatomy museum was obtained from Mr. J. W. Clarke, the superintendent, only a few days before I wrote my letter. So mine must have been the latest intelligence. "Lumbricus" should be a little more careful with regard to his style of contradiction—dogmatism is usually the product of ignorance.

Let "Lumbricus" read over again what I said about Professors Stokes and Willis. He will find it no quibble, but an accurate statement. I ought, however, to have mentioned in addition that another professor annually devotes a whole course of lectures to Heat.

But all this is unknown to "Lumbricus," for he dwelt but a short time among us, and left before what might be called the medical "revival" commenced. When he left there was not even a good osteological series arranged for students, and no real series of invertebrate animals at all. There were no demonstrations in human anatomy, or histology, and no wet preparations set apart for the students to handle and "read up." Before "Lumbricus" singled himself out for recognition, I gathered from his letter that he was not altogether wilfully misrepresenting things, but that rather he was not *au courant* with this University, otherwise he could scarcely have omitted to notice the natural science scholarship at Trinity College, which is nearly double the worth of the ones he mentioned.

In conclusion, I would have "Lumbricus" to know that others besides himself find no difficulty in making out his anatomy, thanks to D'Udekem and Hering. But even without the aid of these excellent anatomists, I might have safely said what I now repeat, that "Lumbricus has nothing *homologous* to a liver." It is not common for University men to make mistakes of this kind. But I am prepared to go further, and say that Lumbricus has nothing *analogous* to a liver; for the so-called hepatic tissue is simply a layer of cells extending all down the intestine to the anus, and might about as fairly be said to be analogous to Lieberkühn's follicles, Brunner's glands, or Peyer's patches, as to the liver. It is, besides, worth mentioning that cells exactly similar are found on the œsophagus; but I am ready to allow that such phrases as "hepatic tissue" are convenient in the hands of the educated zoologist.

I am, Sir, your obedient servant,

Cambridge, Jan. 29th, 1868. CELLULA.

AN ASYLUM FOR IDIOTS is to be erected in and for the county of Warwick, capable of affording accommodation to 200 inmates. It is to be built, if possible, on land contiguous to that of the County Lunatic Asylum, and to be under the supervision and government of the same medical superintendent and committee of justices. This is the first instance of a special provision being made, under the Lunacy Acts, for pauper idiots as distinguished from pauper lunatics.

THE Sheffield Board of Guardians have appointed a person to prosecute offenders under the Vaccination Act of 1867. This is the first appointment of the kind.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 8, 1868.

IT does not require much vision to see that our whole system of medical education will ere long have to be reconsidered. The prevailing dissatisfaction with it is only a portion of a larger dissatisfaction. We are awaking to the fact that good education of any sort is almost the rarest thing going; difficult to buy at any price. Where shall wisdom be found? is a question as hard to be answered now as it was in the time of JOB: except that men have arrived unanimously at one negative opinion on the subject—that it is not to be found in the schools; that the art of teaching is, in point of efficiency, behind nearly every other art. It is astonishing that it should be so. There is a great love of knowledge abroad, and there is plenty of money to give in exchange for any knowledge conveyed. But there is no proportion between the general sense of the value of knowledge and the degree in which it is conveyed. We must leave the educationists of the country to deal with the general question. Our immediate concern is with medical education. It is as backward as any other branch of education that can be named. Men go through long years and complicated curricula of study, and shiver at the end of them on the verge of flimsy examinations, which are so inefficient that they are disowned by the authorities that are answerable for the health of our soldiers and sailors.

There must be some explanation of this. The acquisition of medical knowledge is not an uninteresting process, and the possession of it is not an unprofitable thing. Yet it remains true that nobody is satisfied with the existing arrangements for conveying it, or at least with the results of these. What, then, is the explanation? Where does the blame lie? Blame is seldom an absolutely concentrated thing. It is generally shared by more than one culprit. But there is often one culprit who stands out among the rest conspicuous in his guilt. And to judge from the deliverances of the best men who have recently spoken or written on the subject of medical education, there seems to be no doubt that the principal blame rests at head-quarters, with the natural heads and supervisors of medical education, with the men who stand on the watch-tower, and whose very business it is to test the material which is, so to speak, manufactured in the schools. There is an overpowering verdict against the test which is applied. And as in chemistry when faulty tests are applied faulty substances pass muster, so with the tests of education. The test being faulty and inadequate, the material brought to it is faulty. More than this, it is purposely faulty and defective—that is to say, the student knows the kind of thing that will be demanded of him, and he prepares accordingly.

We have no desire to reverse the verdict against the present more common examinations. It is too consistent with what we have been saying for years past as strongly as we could. We can only rejoice at the authority and the eloquence with which it has been pronounced, and the unanimity with which it has been accepted by the profession. It remains to be seen what answer will be made by the examining bodies, and especially by that one most largely responsible in England for the lives and limbs of her Majesty's subjects. It must be apparent to everyone outside of these corporations that they cannot be allowed to continue in their present state of inefficiency. Very little time can be given them for repentance and for reform *ab intra*. That little, however, must be given them, and let us hope that they have perception enough to see that the demand for a higher medical education than obtains now means primarily a demand for proper examining tests, and that until these are forthcoming it is vain to expect any material improvement in the medical education of the country. A few months must elapse before the meeting of the General Medical Council. In these some wise and magnanimous changes may be made. But if they are not, it will be but right in the Medical Council to seek powers whereby examining bodies that are inefficient and obstructive may be made to conform to the most urgent demands of public opinion. It is not only that the present system of examination is inefficient, but it is too diffused. Men have to pass several examinations by different bodies before they are qualified.

Supposing, however, the examinations to be properly combined and rendered real tests of knowledge and competency, and the examiners to be men really abreast with the science of the present day, there will still remain much to be done in the schools. Examiners may be the principal culprits, but they are not the only ones. It is idle to maintain that the arrangements for teaching medicine are efficient. No doubt good men do very well under the present system; but they will do well under any. What is wanted is a mode of teaching that will interest, if not captivate, the ordinary run of students. In regard to this, two or three suggestions occur to us. The grinder has two great advantages over the regular teacher. The first is, that he teaches his pupil in the near prospect of an examination. The fact that a test impends, and will be applied quickly, makes both parties in earnest. To gain this advantage, we think the regular teacher should ask for more frequent examinations—say one at the end of each session. The student would be much more earnest if he saw an early chance of his industry being recognised and of use to him. It requires great faith to work hard for the chance of advantage two or three years hence. But to know that hard work will have its reward at the end of the present session would quicken many a dull man. The second advantage of the grinder is, that he does not lecture his student, but speaks to him as one earnest man does to another. It will be found that the most successful lectures have been those which approached the conversational style, in which there is most of life and personal character; such, for example, as Sir THOMAS WATSON'S or Mr. SYME'S clinical lectures. We feel sure that in the earnest time that is coming mere lecturing will be disparaged; and he will be the best teacher and the most prized one who will descend to the tutorial style, and who will count it his great duty and success, by one device or another, to bring the minds of individual students into action.

Lastly, we remark that, if examinations are to be made really testing, this will add greatly to their severity, and will render it a duty to dispense with all unnecessary prescription of details of study. The mere curricula of the different bodies are study enough for many men. Hard, dry regulations must

be abolished, and men must be left to pick up knowledge where and how they can. This will tell hardly upon bad teachers and bad schools. So much the better. It is one principal design of the advocates of good examination to create a demand for good teaching, and to withdraw all conventional or protective value from teaching. Schools must not expect to retain all their existing arrangements. Many lectures which now occupy a large portion of the student's time might be dispensed with. Teachers who have not the faculty of teaching must withdraw, and make room for those who have. The school that is most efficient in its teaching machinery, be that whatever it may, will attract most students.

More frequent pass-examinations, a more tutorial style of teaching, and the abolition of needless regulations, seem to us to be great changes which will be necessitated by any improvement in the character of the examination for admission to the profession.

THERE is not a more interesting nor a more instructive study than the epidemics of superstition and folly which from time to time sweep over communities. The germs of these outbreaks, as in the case of sundry physical maladies characterised by periods of rapid diffusion and wide prevalence, are always present; and their active development has a definite and well-ascertained relation to certain physical and mental states of particular individuals. The *nidus* of development is constant; the circumstances which determine the development have, although possessing much in common, differed much in different ages and among various populations. There are, in all civilised communities, a greater or less number of persons who are veritable intellectual *mules* (to use an apt term of MOREAU of Tours). These persons are neither sane nor insane; but they are a curious mixture of folly and intelligence, possessing not a few of the characteristics of the lunatic, yet to be held, for all the ordinary purposes of life, as sane individuals. They are distinguished also by certain well-marked physical traits, in which health and disease are strangely mingled, as in the intellect are folly and sanity. They possess in particular a nervous temperament, often hereditary, and are prone to convulsion and hysteria. All history teaches us that these intellectual mules have formed the principal soil on which superstition and popular delusions have grown and flourished, and that they have been the chief agents in the dissemination of wild and fantastic beliefs among the ignorant and the foolish. It follows that in the examination of such beliefs, past or existing, a preliminary and all-important step should be to eliminate, if this be practicable, the part played by these morbidly constituted individuals in their development. It is a duty, in fact, to ascertain, first of all, how far these beliefs are to be regarded as mental aberrations originating in a diseased state of mind and body. To act otherwise is as rational as to hold the intellectual operations of lunatics as of the same value as those of sane persons, and to deal with them by a like criterion of judgment. Yet this, in effect, is what Mr. HEPWORTH DIXON has done in a recent work on one of the most glaring of the pseudo-religious extravagances of the day—to wit, the doctrine and practice of "spiritual wives." Carrying an amiable principle of entire freedom of thought to an absurdity, and probably influenced in part by the fact of his having eaten salt with the communities and persons by whom the doctrine and practice have been adopted, Mr. DIXON treats the ravings and speculations of individuals confessedly or inferentially lunatic, or of the mongrel species to which we have referred, much in the same fashion as he would deal with the ratiocinations of persons whose sanity could not be disputed.

With the religious and social aspects of Mr. DIXON'S work we have no immediate concern in these columns, except in so far as we would protest against the vague fashion in which he deals with cardinal questions of virtue and vice, faith and morals. Our duty is principally limited to indicating the morbid thread which runs through the subject he professedly seeks to illuminate. The apostle of the German school of "spiritual wives"—which Mr. DIXON first describes,—"The Pauper Paraclete," was a lunatic subject to hallucinations, and at one time an inmate of a lunatic asylum; and his revelations were a phase, and subsequent to the clear manifestation, of his lunacy. The chief priestess of the school is described as "a peerless beauty, of nervous temperament and delicate frame, exceedingly sensitive to sounds and scents, to changes in the weather and to moral appeals." "Brother PRINCE," of the Agapemone—which place occupies the second part of Mr. DIXON'S book,—is shown as an erotic mystic, who maintains that "in him is seen CHRIST in the flesh, CHRIST in his flesh;" but the significant conjunction of erotism and mysticism does not suggest to Mr. DIXON that line of examination of PRINCE which would enable us to form a more definite conception, in the psychological aspect, of the man and his doings. Morally and socially this was not needed. Miss MARY LINCOLN, the sister of the transatlantic so-called "Pauline" (a spiritual-wife) Church, who first sets the world's opinion at defiance, is described as a charming hysterical girl with erotic propensities, and who has an outbreak of well-marked hysterical mania as one of her religious experiences. In this outbreak she professes to have heard (a companion writes, under the prompting of the young lady) the voice of GOD warning her to flee from her home, as His judgments awaited the place. She fled, in company with another girl.

"The dear girls left me," says the writer, "and went on, and none of our folks were led to go after them. Some of the saints were at our house; but all were prevented going after them, for some wise purpose. The night was dark. They went across the meadows, through water and mud, to escape the pursuers (for the people were in search of her). She (Mary Lincoln) felt that the clothes she had with her, and those she had on, were a burthen. She laid them all aside. They then escaped to the west mountain, and when there she felt that she received the wrath of God which awaited the people—she suffered for the saints; but they made the woods ring with their loud hallelujahs. She then felt willing to return, but knew not which course to take. It rained, and she had nothing on save her dress and thin cape, without shoes. She drew her dress over her head that Sister Flavella might see, and went over rocks, ploughed ground—each step sinking in the mire,—through bush, brooks, and mud-holes, sometimes carrying her sister, and arrived at a house about a mile distant from ours at eleven o'clock, after travelling six miles. She returned home in the morning, and is now scarce able to walk. Her friends think her crazy. The saints have all turned against us, thinking we are led by the devil. They will turn back and begin where they left off when you were here. They perceive Jesus in us; but how long they will do so I know not. I will and can bear it in silence until the Almighty shuts the mouth of the vile accusers. We hold up the liberty of the kingdom; but they think it of the devil. I am not considered crazy, but vile. It is all right, and I can say—*Amen*."

To the student of morbid psychology these hints of the cha-

racter of representatives of the "Spiritual Wife" doctrine will suffice. They refer to a series of morbid psychical and physical phenomena very familiar to the physician. The part which these phenomena have played in the development of the social extravagance with which Mr. DIXON deals is more important than he appears to suspect. They constitute the starting-point for its right comprehension. Mr. DIXON has not perceived this, and, as a consequence, his description of the communities and people by whom the doctrine of "spiritual wives" is maintained, wants its most essential character. For the same reason, he himself has failed to see his way clearly through the farrago of concupiscence and flagitiousness which he has sought to unravel.

THE last number of our contemporary, the *British and Foreign Medico-Chirurgical Review*, among other good papers, contains one by Dr. GAVIN MILROY, on the Cholera Epidemic of 1865-66 in Europe and America, which our readers may peruse with advantage. But our more immediate object now is, to call attention to the very clear geographical history of the epidemic in relation to the extension of the pestilence, and the greater rapidity of its transit, from east to west, corresponding with the greater frequency and acceleration of intercourse within the last fifteen or twenty years between different lands and peoples.

With regard to the history of the epidemic at Malta and Gozo, the account drawn up by Surgeons ADAMS and WELCH, of the 22nd Regiment, is spoken of as "altogether a model for an epidemiological report," and as supplying data of a thoroughly reliable character; and the circumstances connected with the development of the disease at Gibraltar as detailed in the report by Dr. RUTHERFORD are accepted as equally reliable, and the report itself is spoken of in terms of commendation.

Whether or not the War-office authorities held these reports by army medical officers in little or no estimation we cannot say. But it would almost seem so; for their own special adviser was sent to these stations to investigate the facts long after the occurrences had passed away, and to search again through all the official and other records which had already been so industriously and thoroughly ransacked by men who could produce, as we have seen, a model document. Dr. SUTHERLAND in due time published his Reports in two large Blue Books, which must have proved rather distracting to the authorities at the War Office; for the deductions drawn by Dr. SUTHERLAND were certainly not those conveyed by the army medical officers. *They* saw, or thought they saw, very clear and unmistakable evidence of the portability and conveyance of the pestilence from an infected to a healthy locality, while this was the one thing which Dr. SUTHERLAND did *not* perceive. He was evidently actuated by an independent spirit, for he completely ignored the report of his predecessors in the same field. As to the sanitary defects and their proposed remedies, Dr. SUTHERLAND treated of these in an exhaustive and satisfactory way; but we should like to ascertain this—was he as original here? However much men may differ as to their explanation of the exact cause and origin of any given epidemic disease, we believe that members of our profession, and the public in a great measure through their teaching, have fully recognised the important part which such factors as bad drainage, impure water, and foul air play in the development and prevalence of all miasmatic disease. And further, we have always taught, in common with those who have really studied the phenomena presented by epidemic disorders, that it is not by measures addressed to the prevention of all human intercourse between an infected and healthy district that we can hope to arrest the progress of such diseases; but that it is only by a radical and effective system of sanitation that we can, and practically must, deal with them. Are we, then, to suppose that army medical men had for years beheld these sanitary defects in the Mediterranean stations, and never alluded to them, nor indicated the remedies? If so, their conduct was apathetic and censurable in the extreme. Dr. SUTHERLAND has done good service to the State, and he possesses many special qualifications for his duties. We do not desire to undervalue his labours; but we venture to doubt whether, among the very large staff of officers composing the Medical Department, no one could have been found possessed of like qualifications for undertaking such investigations. It appears to us somewhat derogatory to the directing head, and unjust to the subordinates of a department, that all such labours as these, attended as they are with responsibility and credit to those charged with them, should be removed from the department, and handed over to a gentleman whose judgment is to override that of all others, and who is, practically, to have the full credit for offering suggestions which may not be exclusively his own, but which he may share, after all, with those who have to bear "the heat and burden" of the epidemic with no chance of securing any reward in money or reputation. We have very frequently heard medical officers complain of the way in which their labours have been ignored and their suggestions set aside until they have seen them produced, as if they were entirely original and newly discovered, in a Blue Book; and we cannot help thinking that fair grounds exist for such complaints. Mr. SIMON has no difficulty in securing the services of excellent men to investigate and to instruct the public in matters affecting general health, and his reports as medical head of that branch of the Privy Council invariably attract the attention they merit. Can we doubt that the military authorities ought to exercise a similar power, and select members of the Army Medical Department and detail them for special services, or that they would have any great difficulty in securing men in every way qualified for the task, and capable of producing reports of great interest and value?

If the Government possess such slight confidence in its medical officers as to be able to put them aside with so little respect, we may be sure that the class of men it will obtain will go a long way to justify that want of confidence.

AS might have been anticipated, the club question in Birmingham has assumed a serious aspect. The annual general meeting of the Cannon-street Provident Institution—and a disorderly one it seems to have been—was held last week, and in due course the secretary read that portion of the minute relating to the rejection of the application of the medical staff for increased remuneration, and also the correspondence on the subject. It was then moved and seconded that this minute should be confirmed, and the motion was carried. The proposition that a sub-committee should be appointed to discuss

the matter, and to take into consideration the request of the medical officers, was curtly rejected. The further consideration of the subject was postponed for twelve months. The Committee of the British Medical Association on Friendly Societies met the following day, and passed this resolution—"That, as the remuneration of the Cannon-street Club to the medical officers is admittedly inadequate, and below the average rate of the majority of the Friendly Societies of this town, it is the opinion of this Committee that no qualified member of the medical profession ought to hold any medical connexion with that Society." This bore fruit in a letter of resignation from six more of the surgeons who signed the original application to the Committee of the Cannon-street Society—namely, Messrs. CARTWRIGHT, VINLACE, CLARKSON, DAVIS, JORDAN, and MAY;—a very commendable act on the part of these gentlemen. The Club has now only two of its twelve surgeons left—Mr. GEORGE SMITH and Mr. R. FARNCOMBE, who refused to sign the original application for an increase of remuneration; and these may therefore be supposed to be satisfied with the payment of 2*s.* 6*d.* per head per annum. The members of the Cannon-street Society have calculated upon the divided action of their surgeons. Several speakers at the annual meeting harped upon the old taunt, that where one surgeon refuses an appointment on the score of remuneration, there are others who are at once ready to take "the work on the terms." The belief was expressed also that some of the surgeons who had formerly applied to become officers of the Society, and been rejected, would be glad to fill up the present gap. It is solely to the supposed want of union amongst us that the Society clings to help it out of its present difficulties; but the resignation of six more of its surgeons we hope may have its due effect, and be sufficiently indicative of a determination on the part of the profession that its just claims shall be entertained with respect, and that some fair return shall be given for important and onerous duties conscientiously performed. We trust that no qualified medical man in Birmingham or elsewhere will so far forget the respect which he owes to himself and to his brethren as to come to the assistance of a Society which refuses even to entertain the moderate demands of its medical officers, and has shown such a marked desire to degrade an honourable profession. As we have said before, the Birmingham dispute has lost its local character, and become a matter of general interest. The result must materially influence the attitude of other societies in different parts of England, and medical men must for the nonce be true to themselves. The Society can easily retrace the hasty and injudicious step it has taken; and it would act wisely by following the admirable advice given to it by the *Daily Post* (which has done its best to throw oil upon the troubled waters), and at once appoint a committee of inquiry. We see no other way in which harmony can now be restored.

Since the above comments were penned, information has reached us to the effect that another society—the British Workman Mutual Association Company—has honourably acknowledged the utter inadequacy of the payment of its medical officers, and has raised the rate of remuneration from 3*s.* 6*d.* to 5*s.* The society may feel confident that it will not fail to reap an adequate return at the hands of its surgeons. It is more necessary than ever that there should be no wavering on the part of the medical practitioners in Birmingham.

Medical Annotations.

"Nec quid nimis."

MEDICAL INSPECTION OF SEAMEN.

THE results of permissive legislation with reference to the medical inspection of sailors are stated to be unsatisfactory. The Merchant Shipping Act of last session contains a clause to the effect that the owner or master of any ship *may*, if he think fit, direct the medical examination of any seaman before signing articles. As the matter now stands, the shipowner may avail himself of a means whereby sound and healthy crews can be obtained, subject to a fee of 2*s.* per man for every examination. But the sailor may decline to submit to the inspection, and, as a necessary consequence, the laws of supply and demand will generally regulate the gross number of men inspected at each and every port. The shipowner may wish, in all good faith, to engage a sound and healthy crew, and it would be well if all could be made to understand how much (financially speaking) they would benefit thereby. But he will now, at the best, subject men to examination only when the mercantile marine market is well supplied, believing that when seamen are scarce it will be bad policy to adopt any system of selection at all. There is very little doubt that all permissive legislation is bad, but the President of the Board of Trade was compelled to bring in the Merchant Shipping Amendment Bill under many and manifest disadvantages, at the eleventh hour of the session, and at a time when the Bill for the Representation of the People took precedence of, and well-nigh annihilated for the time being, all other legislative proceedings. We are, however, enabled to state that this clause was added to the Bill on the principle of "waiting and watching," and that several alterations and additions are contemplated when the Merchant Shipping Acts are amended and consolidated. This desirable consummation will take place in the forthcoming session; and in the interim it should be the care and concern of all who have special knowledge of this question to give to the public the benefit of that knowledge, and so to strengthen the hands of the Duke of Richmond in his endeavour to improve the sanitary condition of our seamen. But we must remember that there is a shipowner's as well as a sailor's view of this important matter, and that, until we can show to the former that all sanitary legislation must tend to the financial benefit of his own class, to the physical and moral improvement of the sailor, and so to the prosperity of both, it cannot be fairly expected that measures affecting in some degree the commercial liberty of any one class will be passed easily or worked successfully.

OBSTETRIC DEPARTMENTS IN GENERAL HOSPITALS.

PAINFUL experience has demonstrated the impossibility of treating obstetric cases properly in hospitals where numbers of patients are congregated in one apartment. Statistics have been over and over again adduced to show that lying-in hospitals, as they have been heretofore constructed and arranged, are dangerous to some patients, however useful they may be to many; and recent experience has shown further, that to place a lying-in ward in a general hospital is to render its occupation still more dangerous, the Nightingale ward of King's College Hospital, devoted to obstetric cases, having been recently closed on this account.

It so happens that we have at this moment before us a document showing what is proposed to be done in reference to the management of the obstetric department at another of the metropolitan hospitals—University College Hospital. We quote from a prospectus relating to a "Maternity Institution for the benefit of Out-patients of University College Hospital," the formation of which is being actively promoted by Professor

Graily Hewitt, and some time since received the sanction of the Hospital Committee. The primary object is to supplement the system of out-door attendance on midwifery cases, which, in the large majority of instances, is considered infinitely preferable to any other method, by providing for the reception of "some few of the more necessitous or difficult cases into a house specially devoted to the purpose." It is not considered, says the prospectus, advisable to admit lying-in patients into a general hospital.

"The mortality which prevails in establishments where a large number of lying-in patients are congregated together in one ward, or indeed under one roof, is equally against the propriety or advisability of imitating the already existing establishments of the kind. After full consideration of the requirements of the case, the proposition made is to take a small house in the immediate vicinity of the hospital, to fit it up with accommodation for four patients (each of whom would be provided with a separate room), to place the management of the house in the hands of the nursing establishment of the hospital, and under the medical supervision of the obstetric physician. Preference as regards admission to be given to cases demanding special care, and to the more necessitous of the applicants."

The proposed scheme would seem to us free from objection, and with a well-ventilated and roomy house, complete isolation of the patients from each other, and a very small number of patients—in short, by making the system as much as possible a separate one,—good results may be expected to follow. A few interesting or difficult cases can undoubtedly be better watched and tended in an institution provided with proper appliances than in the close, inconvenient lodgings many of the poor inhabit, provided always this can be done with due regard to isolation; while from an educational point of view it is unquestionably desirable that a large medical school should be furnished with some such means of properly carrying out a high class education in this as in other departments of medical science. This must, however, be done with the safety of the patient as the primary consideration. The University College Hospital scheme will, we understand, be carried into practical effect as soon as funds for the purpose are forthcoming. Mrs. Edward Baring, Mrs. Bingham Mildmay, and other ladies, have already contributed liberally towards it, and a committee of ladies are endeavouring to advance the object in view.

THE CORONER'S COURT.

THE present Home Secretary seems determined to bring to an issue the *quæstio vexata* between coroners and magistrates as to the power of the former to require the attendance of prisoners at their courts. At the adjourned inquest on Friday last into the cause of death of two of the victims of the Clerkenwell explosion, Dr. Lankester stated that Mr. Hardy had communicated with him in regard to the production of a witness who was in custody of the magistrates, to the effect that "it was illegal to allow prisoners to be brought before coroners' courts." As Dr. Lankester very properly showed, there is something opposed to English ideas of justice in preventing an accused person from hearing the evidence by which he is inculpated, and it is hard to see what legal ground there can be for the adoption of such a course. Steps must be taken without delay to have this matter decided by the Legislature, unless we desire to see the functions of the coroner virtually abrogated, for it is quite impossible that either the dignity or the usefulness of that officer can be sustained if his requirements are to be subject to the caprice of magistrates or ministers for the time being. The refusal of the Plymouth justices last week to allow a prisoner to appear at an inquest on a case of manslaughter has been promptly resented by the borough coroner, Mr. John Edmonds, who, after twenty-five years' valuable service, has resigned his office rather than submit to what he considers an indignity and an improper resistance to his legitimate authority. Seven years ago the Plymouth magistrates refused to allow a prisoner charged with murder to appear at the coroner's requisition, and Mr. Edmonds at once resigned his office, but was induced to resume it on the assurance that a repetition of the objectionable proceeding should not take place. In the interval the coroner's requisitions have been complied with, but now there happens to be a Home Secretary who considers the practice illegal, and the coroners have the option of giving way or imitating the example of Mr. Edmonds. There is, however, a medium course, and it is one which was successfully adopted by the late Mr. Wakley, who on many occasions persisted in repeated adjournments rather than go on with an inquiry in the absence of a prisoner whose attendance he considered necessary. Such a course appears to us quite justifiable; and that it is one which would precipitate the settlement of the question may be gathered from the fact that in the case of deaths which become the subject of a coroner's inquisition, the registrar has to receive from the coroner, as "informant," a certificate of the finding of the jury as to the cause of death before those deaths can be inscribed on the national registers.

We regard the coroner's inquiry as essential to the public safety. Before a magistrate certain technicalities confine an inquiry to the point of the guilt or innocence of the accused; while the coroner with his twelve jurymen endeavour to elucidate all the attendant circumstances of the case in their broadest light. For these reasons we trust that such measures may be taken as will put an end to the unseemly conflicts that now arise between coroners and magistrates, by defining beyond the possibility of dispute the proper functions of each.

PERILS BY LAND.

CONSIDERING the extent to which chimney-shafts, slates, walls, and trees were blown down by the hurricane of Saturday last, the number of casualties treated at the various metropolitan hospitals was not so large as might have been expected. Some of them were, however, of great severity. At Old Ford a shaft fell upon the factory to which it was attached, where about a hundred people are employed as dyers. The men, luckily for them, had gone to their dinners, but several women were badly hurt. These were admitted into the London Hospital, and Mr. F. M. Mackenzie, the house-surgeon, gives us the following list of them:—Mary Furness, aged forty, contusions; Eliza Furness, aged seventy-eight, severe contusions about the face, head, and loins; Eliza Field, aged seventy, contusions on back; Mary Marshall, aged seventy-four, contusions; Eliza Thompson,—this patient died a quarter of an hour after her admission, and a post-mortem examination showed that she had received fracture of the left thigh, of both bones of the right leg, a compound fracture of the pelvis, fracture of five ribs on the right side, and several severe contusions of the head. Two other women were killed. At Ratcliff, the side of a house was blown in, and damaged several persons. John Mumford, aged thirty-three, jumped out of window, and escaped with some contusions. His son, aged twelve, was also bruised, and an infant daughter had a lacerated wound of the scalp. The patients admitted have seemed to suffer a good deal from shock. A man, named William Garden, was admitted with a fractured skull from the falling of a chimney-pot. He is doing well. In all, the usual number of casualties at this hospital was exceeded by thirty, due to accidents from the wind. At the Middlesex Hospital, a boy was admitted by Mr. Flower, senior house-surgeon, with a contused face and head, and wound of the inside of knee connected with the joint, caused by a wall falling upon him. At the time of admission he was greatly collapsed and pulseless. He is going on well. Besides this, Mr. Case, the junior house-surgeon, attended to two extensive scalp wounds, and about five or six cases of contusions, due to the wind. At St. George's Hospital, Mr. William Leigh, the surgical registrar, tells us no casualties

from this scource were admitted, but two persons were treated as out-patients. One had a simple scalp wound, and the other a bruised leg from the falling of branches of a tree in the park. At Guy's Hospital, one case only was treated which could fairly be put down to the effects of the gale, although great damage has been done to property round about the hospital. This was a boy, Mr. Morris, house-surgeon, informs us, who had a lacerated wound on the left arm and a scalp wound caused by the falling of a window frame. At St. Bartholomew's Hospital, four patients were received, whose cases Mr. Horsfall, house-surgeon, thus describes:—A child killed by the fall of a chimney; a girl with cut forehead; a man with his toes crushed from a shutter being blown upon them; a cabman with a fractured skull, who is seriously injured. This last accident arose from a looking-glass being blown out of the window of an hotel, and falling upon the head of the cabman as he sat upon his box.

TYPHOID AT TERLING.

IN another part of our impression is given an abstract of Dr. Thorne Thorne's report to the Medical Department of the Privy Council Office on Typhoid at Terling, in Essex. This village has been suffering from a recent and as yet unexhausted outbreak of the disease, of almost unexampled severity. Terling is an irregular aggregation of wretched cottages, inhabited by ill-paid and underfed agricultural labourers; and is situated upon a porous soil, saturated with stercoraceous and other filth, and honeycombed with cesspools and surface wells. From these wells and a petty stream—the Ter—the water-supply of the villagers is solely obtained. During the summer and autumn the water in the wells had gradually fallen, and in some instances become exhausted; and while the drought lasted, and partly in consequence of it, the surface of the ground adjoining the wells and houses had become fouler and fouler. About the third week of November heavy rain fell, water rose rapidly in the wells, and the supply became abundant; and contemporaneously with this vigorous flow of the springs and saturation of the surface-soil, typhoid broke out. Dr. Thorne Thorne traced distinctly in several instances the connexion of the outbreak of typhoid and the consumption of water from the refilled wells, and no doubt can arise that it was by means of the water obtained from this source that the disease was determined. It would appear to be certain, in fact, that the heavy rains had flushed the stercoraceous sodden surface-soil, and carried much of the filth into the wells; and that the active agency in the causation and dissemination of the malady was the water laden to an extraordinary extent with the products of organic decomposition.

Typhoid has occurred at intervals in Terling for several years; but Dr. Thorne Thorne did not succeed in discovering the links of etiological connexion between the recent outbreak and preceding cases of the malady, though the recurrence of cases is suggestive. The outbreak has an important bearing upon Professor Buhl's doctrine, supported by Dr. Siedel, that epidemics of typhoid fever have a definite relationship to the fall of the subsoil water after it has reached an unusual altitude, the disease breaking out when the water begins to recede, and waning as the water falls. The outbreak at Terling is more in accordance with Mr. J. Simon's manner of expressing the question at issue:—"The bearing of the geological influence," he writes, "is apparently none but this,—that where populations are living in certain geological conditions, there, unless engineering science have supplied artificial drainage and water supply, the local atmosphere and drinking water will almost certainly be much polluted by those fæcal impurities amid which the diarrhœal contagia are peculiarly apt to multiply."

Not the least painful aspect of outbreaks such as that still in progress at Terling, is the apathy of the local authorities. Dr. Thorne Thorne would appear to have had a most difficult task to awaken in them a proper sense of their duties. He has succeeded to some extent; but it is to be feared that their enforced activity will last only so long as the compulsion of disaster and official philippics is applied, unless supplemented by action on the part of the Secretary of State, as empowered by the Sanitary Act.

EAST LONDON CHILDREN'S HOSPITAL.

AN HOSPITAL for sick children has been opened at Ratcliffe Cross, in the Limehouse district. A benevolent gentleman has purchased two adjoining houses for the purpose, and has placed them at the disposal of a committee for the first year. He also undertakes to be responsible for the maintenance of ten beds during that period, and also for the whole of the preliminary expenses, in the hope that others will come forward in a similar spirit, and so enable the committee to increase this number to fifty, for which there is ample accommodation.

The hospital will, in addition to the in-door department for children only, comprise an out-door department for women and children. The committee say in their report:—"Although this may seem to be a departure from the original scheme of a Children's Hospital, still the great opportunity it offers of combating disease has led to its being adopted. Many a poor woman, who would not spare time to go to any hospital for herself, will, when seeking advice for her child, mention her own ailments, and thus perhaps be spared a severe and lingering illness."

There can be no doubt of the necessity of such an hospital as this in the densely populated and impoverished neighbourhood in which it is situated. The resident medical superintendent is Mr. N. Heckford, a gentleman who distinguished himself in the obstetric department of the London Hospital. Dr. Barnes is the consulting physician, and Mr. Buxton Shillitoe the consulting surgeon.

THE JELF TESTIMONIAL FUND.

WE are glad to find that the anomaly to which we drew attention last week has ceased to exist, and that a combination has taken place between the earlier and the more recent promoters of this fund. The whole of the committee of past and present students, formed under the presidency of Mr. Henry Worms, has been incorporated in that elected at a public meeting which was held in King's College on the 31st ult., when the idea of presenting a testimonial to Dr. Jelf was received with enthusiasm.

The treasurers appointed are Mr. Henry Worms and Mr. Cunningham; the Rev. B. W. Gibsone, Professors Plumptre and Bentley, are the secretaries. A resolution was come to suggesting to the committee that the testimonial should in the first instance assume the form of a piece of plate, or a portrait of Dr. Jelf, but that the appropriation of any balance be left to their discretion; and it was agreed that the subscriptions should not as a rule exceed two guineas, and that the list of subscribers, but not the amount given, should be prepared for presentation to the principal.

MR. TATUM.

Mr. TATUM, who has been connected with St. George's Hospital for more than forty years, has resigned the office of surgeon. No one acquainted with this amiable and esteemed surgeon will be surprised at learning that his old pupils and friends are anxious that he should carry with him in his retirement something more than their good wishes and regrets, and that a fund is being raised for the presentation of a testimonial to this respected teacher. We may inform those willing to assist, that subscriptions are received by Thomas P. Pick, Esq., 9, Bolton-row, Mayfair, and Thomas Jones, Esq., St. George's Hospital, honorary secretaries; or by D. L. Duval, Esq., St. George's Hospital.

THE CONTAGIOUS DISEASES ACT.

PUBLIC attention is beginning to be fully alive to the absolute necessity which exists for extending the provisions of this Act to the civil population. As it is at present, we are endeavouring to grapple with a huge and wide-spread evil by attacking it in detail at some isolated outposts. There could be no more expensive or inefficient method of procedure. As we said long ago, and the correctness of our opinion is beginning to be recognised, to establish hospitals at Chatham, Portsmouth, and Aldershot, leaving the metropolis and all large towns unprovided for, is tantamount to attracting crowds of unfortunate creatures to those places where they have a chance of obtaining some attention to their wants and sufferings. We deprecate anything approaching a sensational method of treating the subject, the bare statement of facts being sufficient, in our opinion, to carry conviction with it. It only requires to be calmly considered in order to perceive the necessity for providing sufficient accommodation for their cure, instead of compelling them to adopt the alternative of scattering the seeds of disease far and wide, or suffering from the effects of starvation and want of shelter.

VISIT OF THE EMPEROR AND EMPRESS TO THE CHEMICAL LABORATORIES OF PARIS.

A FEW days ago the Emperor and Empress, accompanied by the Secretary of State for Education, paid a visit to the chemical laboratories of the Sorbonne and the Ecole Normale. The Emperor's visit was quite unexpected, and, at the latter institution, the *savants* who were then at work in the chemical department were taken by surprise, and felt somewhat embarrassed on account of the roughness of their costume, and the unprepared state of the laboratory, about which there did linger some of those peculiar ammoniaco-sulphuretted odours more habitually prevalent in the laboratory than in the palace. But the amiable manner of the august visitors soon set them at their ease. M. H. Deville, the Professor of Chemistry at the same school, explained to the Emperor the working of a machine which he has invented for the purpose of testing the calorific properties of mineral oils. The drift of his experiments, instituted at the Emperor's special request, is to find a mineral oil which might be used without the risk of an explosion, as a substitute for the combustible at present employed on board the French ships of war. The Emperor and Empress conversed a long while with M. Pasteur, the indefatigable adversary of spontaneous generation, and the Empress took peculiar pleasure in examining some of his microscopical preparations. M. Lamy then performed some peculiar experiments with thallium, which he has made the subject of a special study. At the laboratory of the Sorbonne, M. Rhumkorff reproduced some of the brilliant phenomena which he obtains with his electric apparatus. This visit is said to have taken place in connexion with the Emperor's project to endow the laboratories of Paris with working materials, the want of which is urgently felt.

THE WHITEHAVEN AND WEST CUMBERLAND INFIRMARY.

ONE of the strange rules of this infirmary is that when a vacancy occurs in the surgeoncy it has to be filled by the appointment of the senior surgeon resident in the town. Naturally enough the medical officers took objection to this rule, and sought to have it altered at the recent annual meeting, carefully disavowing any personal feeling, and proving their sincerity by undertaking on this occasion to vote for the senior resident. But can anything be more absurd than to appoint a man surgeon to an infirmary because he is the oldest man that can be got? Such a man might be totally unfit for the duties. It is about the worst compliment to seniority that can be paid to treat it thus. We all admit that age is honourable, but it is not necessarily surgical or skilful. The Governors may live to repent that they did not take the advice of their medical officers on this point. They acted more wisely in another matter. Their rules required that the house-surgeon should be a member of the Royal College of Surgeons, and a licentiate of the Apothecaries' Company. The medical officers explained the nature of the Medical Registration Act, and moved the following rule in substitution of the present one, "That the house-surgeon be a registered practitioner, and be the holder of two separate degrees or diplomas, the one surgical, the other medical." It was stated that candidates had frequently come forward possessed of both surgical and medical diplomas, who had to be rejected because they were not members of the Apothecaries' Society. The change suggested by the medical officers was unanimously agreed to.

CHARING-CROSS HOSPITAL.

SEVERAL important changes have occurred in the staff of Charing-cross Hospital. Dr. Chowne was on Wednesday elected consulting physician, and Dr. Headland physician to the hospital. The vacant lectureship of physiology has been filled by the appointment of Dr. Shaw, who recently distinguished himself at the University of London. A chair of pathology and morbid anatomy has been created, to which Dr. Green, who worked under Virchow at Berlin, has been appointed. The vacant post of assistant-physician will be filled by Dr. Silver, who is already a teacher in the medical school.

FEMALE DOCTORS.

A STATEMENT is going the round of the papers to the effect that, as the Court of Assistants of the Apothecaries' Company has decided not to exclude women from their examination in Arts, there is every probability that this concession will be followed by admitting them unreservedly to the examination in Medicine. This latter statement is wholly incorrect. There is not the slightest chance of any woman getting the licence of the Apothecaries' Society under the regulations imposed by the Court of Examiners in Medicine.

THE MANUFACTURE OF DISEASE.

IF anyone be desirous of ascertaining what can be done experimentally in the way of manufacturing disease, he has only to read the scandalous details which have been published concerning a German emigrant ship, named *Leibnitz*, which sailed from Hamburg for New York on the 2nd of November last. The *Leibnitz* had 544 German passengers on board, of which number no less than 108 died, and mainly of cholera. The ship was simply a floating pest-house, enclosing insanitary abominations of every kind, and of course without any medical officer. It is time that the legal authorities in America should provide against such disgraceful occurrences, and protect themselves from the importation of disease through vessels sailing from German ports.

CHOLERA IN BUENOS AYRES.

THE latest news from Brazil, dated January the 7th, 1868, brings the information that cholera has broken out again at Buenos Ayres. It speaks of the disease having swept down the Parana from the "pestiferous quarters of the allied army." For months past cases of cholera had been reported in the city, but latterly the malady had increased with rapidity. Business was at a stand-still, half the population had fled, and "at night the lurid flames of 10,000 fires, lighted for the purpose of fumigation, gave a lugubrious appearance to the city, once the most famed for its salubrity." During the visitation of April, 1866, 3000 lives were sacrificed.

UNIVERSITY OF LONDON.

A REQUISITION, signed by more than 240 graduates, has been presented to Mr. Lowe, inviting him to become a candidate for the representation of the University in Parliament, and that Mr. Lowe has accepted the invitation. As Dr. Wood has now retired from the contest, and has written strongly to his supporters in Mr. Lowe's favour, we presume that the latter gentleman and Mr. Bagehot will now be in reality the only candidates in the field. Sir John Lubbock, who would have been a most desirable candidate in most respects, was too late in the field as an active candidate, and the Liberal party will be consoled for this by the knowledge that he is pretty certain to come into Parliament for West Kent. As between Mr. Lowe and Mr. Bagehot we cannot understand how there can be any serious hesitation. The Liberal programme traced by Mr. Lowe in regard to educational and other very important matters, his strong claims on the University and the medical profession, and his splendid abilities, seem to us to make any comparison of Mr. Bagehot with him quite out of the question.

RAILWAY INJURIES.

Two actions for compensation on account of damages sustained in railway accidents have been tried this week. In Warboys *v.* London and North-Western Railway, the plaintiff, a promising comedian, recovered £500 on account of injury to his knee and various sprains, which it was considered would incapacitate him from dancing and displaying his usual activity on the stage. The case occasioned a good deal of interest in court from the circumstance of several well-known actors—Mr. C. Mathews among them—being examined as witnesses. Sir William Fergusson, Mr. Adams, and Mr. Barnard Holt gave surgical evidence. In Hunt against the same Company, the plaintiff, who had sustained great general shock from being shot forward, "as though from a gun," upon the floor of the carriage, recovered £125 damages. He proved considerable pecuniary loss arising from the accident. Mr. Jakins and Dr. Buzzard were called by him as witnesses.

OXFORD UNIVERSITY CORONER.

DR. MAYO, of New College, Oxford, having resigned the office of University Coroner, several candidates for the vacant post have appeared. Among them we are happy to notice Mr. Frederick Symonds, the well-known and highly esteemed surgeon to the Radcliffe Infirmary, whose claims to the office will, we trust, receive recognition at the hands of the electors. Mr. Symonds is a brother of Dr. Symonds, of Clifton, and has for many years enjoyed a leading position in Oxford, being already connected with the University as surgeon to the Oxford University Volunteers. It is to be hoped that an enlightened body like Oxford Convocation, with whom the appointment rests, will set an example worthy of imitation by selecting a gentleman conversant with disease and accident to preside over a court of inquiry, the main object of which is to determine the cause of death.

THE MEDICAL CLUB.

OUR readers will be glad to learn that the club has outgrown its present limited accommodation in Pall-mall, and that the committee have entered into arrangements for its removal, after the 25th of March next, to the larger and more eligible premises at No. 9, Spring-gardens, Charing-cross,—about one of the best situations, probably, in London.

The members already number nearly 700, and are steadily increasing. They are distributed in every quarter of the globe, and the club will in time become the medium of social intercourse between all branches of the profession. It only requires the co-operation of the London and provincial members of the profession, with their brethren of the army and navy, to make the Medical one of the best and most successful of the London clubs. It would seem superfluous to point out the objects to be attained, and the expediency, comfort, and economy of such an institution as this. The terms are unquestionably very reasonable. The entrance fee is eight guineas; the annual subscription, four guineas for London, and two guineas for country members, until the 30th of June next, after which the former will be increased to fifteen guineas, and the latter to six and three guineas respectively. Members in joining the Medical Club incur no pecuniary liability beyond the payment of the entrance fee and subscription.

The present time is, then, a favourable one for joining. We have personally inspected the new club-house, and consider it well adapted for the purpose. The principal rooms are large, and overlook Trafalgar-square. The internal arrangements, we understand, will be undertaken with a special view to the comfort and convenience of the members. In addition to the usual club accommodation, the convenience of the country members has been consulted by a considerable increase in the number and size of the bedrooms.

FEVER IN THE CARDIFF DISTRICT.

FEVER has been very prevalent of late in Canton, a district of Cardiff; and no wonder, considering the positively offensive pollution of air and water which exists there. A very able and practical report on the sanitary state of the locality has been presented to the local board of health by Dr. Taylor, and we regret that we cannot find space for a full notice of its details. We must be content with noting that the neighbourhood has lately been much overcrowded, that stagnant surface water in a putrescent condition abounds, that the privy accommodation is generally so bad, and communication between the air and the excrementitious matter is so free, that the air is poisoned by the emanations from the latter, and many of the houses filled with a noisome stench. The water-supply is not only scanty, but largely polluted by sewage. Some of the passages about the houses are almost impassable from the collected filth, and in one of the yards which Dr. Taylor examined it was impossible to move without being bespattered with fæcal matter at every step. No wonder the death-rate of Canton last year (27·28 per 1000) was higher than that of Cardiff (23·54). Dr. Taylor remarks that the worst spot was close to the dwelling of the inspector of nuisances and the police-station. He condemns the inactivity of the local board, the hampering of the inspector of nuisances by the obstacles thrown in the way of obtaining summonses, and shows that to remedy the filthy insanitation that exists in Canton full and sufficient powers are possessed by the local authorities.

BAD WATER AND ITS INFLUENCE ON HEALTH.

A SHORT time ago we directed attention to an outbreak of typhoid fever in the Royal Marine Barracks at Stonehouse; and in reference to it the registrar of the district reports:—

"The water which was used by the men from a well adjoining the new wing of the barracks is clear and sparkling, and apparently much better than that supplied by the Devonport Water Company. In consequence of its being much in requisition, there was a great drain from its source, which, I have every reason to believe, is a very large natural cavern—one of those which are so often found in the limestone formation. This cavern is upwards of 500 ft. in length, and over or on its sides about thirty houses have been built. Persons who do not know of its existence have wondered how it is that their cesspits have not required to be emptied; which, however, is no wonder to me, for I feel convinced that many of the cesspits drain into it. When the foundation was making for the new wing of the barracks, I intimated to the clerk of the works the existence of a large cavern, running N.E. to S.W.; and it was ultimately cut into, showing its presence within about 50 ft. from the top of this very well. There is also a small

burial-ground, not now in use, about 50 ft. from the top of this well, and only about 150 yards from it."

We are told in *The Times* of the 3rd inst., that at one time the inhabitants of Hessett, in Suffolk, used water from a well situated actually in the churchyard. Hessett was at that time described by the registrar as a hot-bed of fever; but the well has been stopped up, and, at the close of 1867, the registrar reports: "I consider my sub-district to be in a very healthy state."

AFTER a service of thirty-four years to the Charing-cross Hospital, Dr. Chowne has resigned his office as physician to that institution. A brief account of his career may not be uninteresting as an illustration of the labours of a London hospital physician. With the exception of a very short period, the greater part of the duties in the wards was confided to him during the first twenty-one years. Many of his clinical lectures on rare cases, and on interesting subjects, have appeared in the pages of THE LANCET. He also contributed to this journal a course of lectures addressed to students on Pseudo-morbid Appearances, the first ever given on that subject. Dr. Chowne took an active part in the duties of the school, and successively held the chair of medical jurisprudence and of obstetrics, and conjointly with successive colleagues the chair of the practice of medicine. From the time of his election to the hospital until the late appointment of a distinct obstetric officer, he had, in addition to the duties strictly belonging to his office as physician, the sole charge and responsibility of the lying-in department of the hospital, which, however, he had for several years been anxious to resign, but his wish to do so did not meet with the concurrence of his senior colleagues.

PROFESSOR FRANKLAND'S report to the Registrar-General on the quality of the waters supplied to the metropolis during last month is more than usually suggestive of the undesirability of rivers as sources whence to draw water for potable purposes. Heavy rains caused the Thames to overflow its banks above the points of intake of the London water companies; in addition to the soluble matters washed down from cultivated fields, great quantities of putrescent animal matters were flushed out of the sewers of Oxford, Windsor, &c., into the river, "hence the large proportion of organic carbon and nitrogen, and the great previous sewage-contamination in the waters of those companies which derive their supply from that river." In fact it is shown that the Thames was contaminated, at the time the samples for Dr. Frankland's analyses were taken, "with double the usual proportion of organic matter." Those of the companies who possessed ample and efficient filtering apparatus were enabled so far to cope with the difficulty as to send out their supply free from suspended matters; but in other cases the waters delivered during the latter part of the month were "in such a muddy condition as to render them totally unfit for domestic use." The river Lea also exhibited a very high degree of previous sewage contamination; but at the time when the samples of the New River and East London Companies were collected, it had not been affected to so great an extent as the Thames; for although the East London water was full of suspended brown particles, "the organic carbon and nitrogen were remarkably low for the season."

FROM the annual report of the Surgeon-General of the United States army for the fiscal year ending July, 1867, it appears that the proportion of sickness in the army amongst the white troops was 2973 per 1000, the constant sickness-rate from all causes, 58 per 1000; the mortality, 4 per cent. Amongst the black troops the sick-rate was about the same as the white; the mortality from all causes 12 per cent. During the year, 280 artificial legs, 236 arms, 38 special apparatus, 6 feet, 9 hands, 1 palate, and 3 eyes were supplied to wounded soldiers. A Medical Board was convened in New York in September, 1866, for the examination of candidates for assistant surgeoncies. 48 passed, 91 were rejected, 21 withdrew, and 112 failed to put in an appearance. During the year, 3 surgeons, 6 assistant-surgeons, and 7 acting assistant-surgeons died: 5 from yellow fever, and 3 from cholera.

WE understand that the adequate representation of the medical element in the amalgamated Birmingham School will be secured, not by applying to Chancery, but by a *bye-law* enacting that a minimum of four medical men shall always sit on the Council. The ten governors of Queen's College, to be selected from the Council of Sydenham, will be created in return for their museum and other property, which will be considered as equivalent to the £450 necessary for making nine governors and one honorary governor. Chancery will only be petitioned to lower the money qualification for the governorship.

MR. WILLIAM LEY has just retired, after three and twenty years' service, from the post of medical superintendent of the Littlemore Asylum, Oxford, and the Committee of Visitors have granted him an annuity of £250 for life. This is a graceful act, which requires no comment. Mr. R. H. Sankey, who has filled the office of resident clinical assistant in the asylum for fourteen years, has been promoted to the post of superintendent.

A NEW wooden fever infirmary has been built in connexion with the Essex Hall Asylum for Idiots at Colchester. It contains four wards, 17 ft. by 15 ft. each. It has been sanctioned by the Lunacy Commissioners, and has cost £450.

METROPOLITAN POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE quarterly meeting of this Association was held on the 31st ult., at the Ship Hotel, Charing-cross—Dr. Rogers in the chair. Amongst those present were Dr. Dudfield, Dr. Fussell, Dr. Cook, Mr. Benson Baker, Dr. Thomas, Dr. Stallard, Dr. C. C. Richards, Dr. Gale, Mr. E. Goddard, Dr. Belcher, Mr. Norton, Mr. Simmons, and others.

The Council of the Association, in their report, referred first of all to the fact that the efforts of the Association had been successful in inducing the Poor-law Board to alter the practice of taking pauper lunatics before police magistrates for examination, and to urge upon the consideration of the guardians the propriety of endeavouring to provide that some justice, having proper jurisdiction, or, if that be impossible, the clergyman of the parish and the relieving officer, should attend at the place where the lunatic may be living—whether at his own place of abode or at the workhouse—to hear and investigate the case, and make the proper order of removal. The Council express their regret that much misunderstanding has arisen in reference to the proper interpretation of Clause 3 of Section 69 of the Metropolitan Poor Act, which refers to the expenses incurred for medicines and appliances supplied to paupers, and which were to be paid out of the Common Poor Fund. In some unions the guardians have interpreted the Act literally, and have compensated their medical officers for the stock of medicines on hand, and provided all medicines; others have held their medical officers to the strict letter of their existing contracts. The question has been freely discussed in the East London Union, and the Poor-law Board, in one of its replies to a query from the guardians, says: "That in the opinion of the Board, Section 69 of the Metropolitan Poor Act of 1867 does not interfere with existing contracts; and so long as such contracts continue, their terms must be complied with. Hence when a medical officer has contracted with the guardians to find drugs and medicines, he must continue to do so until his contract has been determined." The appointment of dispensers and the regulation of dietaries were commented upon in the report.

The Chairman entered at some length into the question of

the permanent appointments and that of the equalisation of the salaries of medical officers, the latter of which would at once be discussed by the Council.

A discussion took place upon the various points noted in the report, and the following resolutions were unanimously carried:—

(1) "That the Association desires to express the disappointment with which it has learnt the opinion of the Poor-law Board; and believing it to have been the intention of the Legislature that all medicines supplied to the sick poor in receipt of relief by guardians in the metropolis on and after Sept. 29th, 1867, should be paid for out of the Common Poor Fund, requests the Council to memorialise the Board that they would be pleased to exercise the powers vested in them by the Act, and to vary the existing contracts so as to give effect to the intentions of the Legislature.

(2) "That in the opinion of the meeting the appointment of dispensers to the workhouse infirmaries would be true economy; and that by the use of diet and prescription cards (on which all necessary particulars of each case should be entered by the medical officer, to be copied thence into the workhouse medical relief-book by a clerk or by a dispenser), the ends served by the present irksome and laborious system would be attained, and the medical officer be thus enabled to devote the whole of his time to his medical duties."

A vote of thanks to the Chairman closed the proceedings.

THE LATE M. SERRES.

THIS eminent physician and *savant* died on Thursday, the 23rd ult., at the ripe age of eighty, and was interred with great pomp and solemnity on the Saturday following. The deceased had risen to a most eminent scientific position, and enjoyed universal esteem; he was therefore attended to his last abode by a considerable concourse of people. All the learned societies of which he was a member were largely represented on the occasion, and many touching discourses were delivered over his grave. M. Nélaton spoke in the name of the Academy of Sciences, M. Jules Guérin for the Academy of Medicine, and M. Chevreuil, who represented the Museum, could scarcely give utterance to his discourse, through the intensity of his grief.

The life of M. Serres furnishes another example of what may be accomplished by dint of labour and perseverance. M. Serres had come to Paris without any pecuniary means, and without a friend to help him. Gradually, with steady purpose, he pursued his path, and at last rose to the most enviable position. His father was a provincial practitioner, an hospital surgeon in the small town of Clairac. M. Serres, notwithstanding the straitened circumstances of his family, resolved to follow the same profession. In 1808, he was named house-surgeon to the Hospitals of Paris, the first on the list of promotion for that year's *concours*. In 1810 he took his degree, was named physician to the Hôtel Dieu in 1812, and two years later director of the anatomical works of the School of the Hospitals. At the same time he obtained a vice-professorship at the Faculty by public competition. In 1822 he left the Hôtel Dieu for La Pitié, where he remained until he had attained the legal limit of age which compels the nosocomial physicians and surgeons of Paris to retire from office.

At this point terminates the strictly medical part of M. Serres' career, during which he gained great distinction as a nosocomial physician, and published several works of value. M. Serres attached the greatest importance to the study of organic lesions in pathology; his consummate knowledge of anatomy naturally inclined him towards this line of investigation. His treatises on entero-mesenteric fever, and on psoro-enteria, or cholera of Paris, written in co-operation with M. Petit and M. Nonat, are remarkable as results of anatomo-pathological research, and may still be consulted with benefit. In the former work M. Serres departs from the zoological method for the classification of diseases, which had been promoted by the celebrated Pinel, and insists with great force on the value of the organic manifestations of disease.

The second part of M. Serres' career was exclusively devoted to purely scientific investigations. His reputation as a physician had brought him a considerable number of patients; yet he hesitated not to abandon this lucrative field of practice in order to consecrate himself entirely to his favourite studies. In 1839, he was named Professor of Anatomy and Anthropology at the Museum, and on the death of Blainville he took the chair of Comparative Anatomy. His purely scientific productions are extensively known. They comprise, mainly, a large work on the comparative anatomy of the brain and nervous system; his researches on osteogenia and embryogenia. The first two of these works were the subject of a most flattering report from the great Cuvier at the Academy of Sciences, and brought their author two prizes from that learned Society. M. Serres' "Laws on Osteogenia" have become universally known. His work on embryogenia is founded on a centripedal theory, demonstrating the primitive duality of the embryo, and the successive development of the organs by means of independent fragmentations.

The elevated scientific position attained by this celebrated *savant*, and the universal esteem in which he was held, cannot be better exemplified than in the choice which was made of him in 1845 for the Presidency of the great French Medical Congress which took place that year. Of the importance of this great gathering of medical men, met to consider the most vital questions concerning the profession, this is scarcely the place to speak at any length. It will be enough to say that to preside over such an assembly it was necessary to combine in the highest degree considerable authority with great firmness and affability of character. M. Serres fulfilled his difficult and delicate duties with the utmost credit to himself.

As a *savant*—as a man of intellectual worth, the deceased was most remarkable for great sagacity, and for great elevation of thought. He was at once a careful and patient observer, and an ingenious generaliser of facts. His long studies in anatomy had peculiarly adapted him for the careful investigation of the nice organic manifestations of disease; yet he was endowed with peculiar abilities for combining isolated facts, and deducing general laws from a general survey. As a teacher he was most zealous and conscientious. The duties of his chair absorbed the greater part of his time, and formed his constant preoccupation. Both as director of the anatomical works of Clamart, and as professor at the museum, he was punctual and assiduous in the discharge of his duties; and only a short time before his death, when borne down with age and suffering, he preferred to resume his teaching at the museum rather than submit to the decision of the other professors, who wished to force upon him an assistant professor to whom he was averse. Of his private character, it is said he was of a kind and affable disposition, which endeared him to all who lived in his intimacy. M. Serres led an austere life, entirely consecrated to the study and teaching of science.

During the stormy days of 1815, M. Serres had fought among the scientific youth of Paris who had armed themselves to resist a foreign invasion. He was struck by a ball which could not be extracted, and which occasioned intense suffering during the whole of his life.

In addition to the titles which have already been mentioned, the deceased was a Member of the Institute (Academy of Sciences), a Member of the Academy of Medicine, and a Knight Commander of the Legion of Honour.

Correspondence.

"Audi alteram partem."

THE MERCANTILE MARINE ACT.

To the Editor of THE LANCET.

SIR,—When the new Mercantile Marine Act came into force on the 1st of January, it was anticipated by the promoters of so good a measure, that, as regards the clause relating to the "*Inspection of seamen*," owners and captains of vessels would gladly avail themselves of the privilege accorded them—namely, the services of a medical officer appointed by the Board of Trade as Local Marine Board for that purpose. I confess I did not think it would be otherwise, but I am lamentably disappointed, and I deem it my duty to bring before you what a farce a permissive clause is in an Act of Parliament. At this port, on an average, from fifty to sixty men are shipped daily. Out of 600 shipped in eleven days, I have seen *four men*, and these four men would have been taken by their captain had I not been present and requested him to allow me to inspect them. I rejected the four—two for scurvy, and two for

syphilis in a frightful form. I have made it my business to attend the shipping office and watch what class of men make application for service. Were the authorities to be present, they would have no difficulty in accounting for the present state of our mercantile marine, which, in a sanitary point of view, all will agree is at a very low ebb. Lime-juice, and all the antiscorbutics in the world, offer no remedy for such a state of things. The measure respecting these adjuncts to a sailor's diet is most praiseworthy, and is calculated to prove of the greatest service in contributing towards the preservation of a crew's health; but so long as men in a diseased and anæmiated condition are allowed to enter the service, so long will the present state of the mercantile marine remain unaltered. I have repeatedly asked captains how it is that they positively shirk having their crews inspected prior to shipment, according to the recommendation of the board. One and all answer that the clause relating to this point is a "*permissive one.*" So long as it remains thus, owners will always disallow or grumble at the fee claimed by Government. Why, ask they, was not the Act compulsory in this respect as well as lime-juice? They would have been too glad to have seen it. They justly observe, they would rather go to sea with a healthy crew of eighteen or twenty men on whom they could rely, than thirty who show physical incapability. Thus far it is pretty plain; did it rest with captains alone, they would be but too pleased to avail themselves of the medical officer's services. But it is simply a question for the owner to allow or disallow the fee; so long as that is the case, we must consider the true meaning of the Act defeated, as usual, by a *permissive clause.*

This is a lamentable state of things; it is nevertheless the truth, at this port at all events, and I shall be glad to hear how far other medical inspectors can corroborate my statement. It is their duty to furnish Government with all the information in their power relating to this important question. I have brought the subject forward thus early, as I believe Mr. Cave contemplates consolidating the present Act next month. It is right he should therefore be informed how far the present clause as regards the inspection of seamen is likely to be effectual. Who should have greater physical ability to withstand the hardships of life than the sailor? who should be so able-bodied as he?—on duty at all hours, exposed to all weathers, to say nothing of artificial supply of nourishment. One who has to face a life of such deprivation should have a frame and temperament equal to the emergency.

I would suggest that all captains trading to certain foreign ports should have their men, prior to shipment, examined by the board medical inspectors. Such a measure would materially assist the Diseases Prevention Act; inasmuch as a sailor, knowing such inspection is imperative, will show much more consideration for his own preservation than he does at present, and will do his best to keep clear of the evil that is the pest of all our ports. As the matter now stands, poor Jack daily is shipped *en masse*, a victim to syphilis, scrofula, scurvy, and ills that are not patent to a captain's eye, until he is called upon for work at sea, too late to remedy the evil. One word more: I deem it unjust to that part of a crew who are in the enjoyment of good health that they should be exposed to the companionship of others who may be fit subjects for a lazaretto.

I feel sure, if those who have the power of legislating for poor Jack's benefit (if the Act is for that purpose) could only be witness of the minutiæ and working of a shipping-office, they would take a step in the right direction. At this port I find, in many instances, that captains never see their crews until the day they leave dock for the basin—a few hours prior to putting to sea. Notice is given to agents that he requires so many men; the men are sent on board, good and bad together; and when at sea their physical disability soon becomes apparent. I call upon you, Sir, with your usual ability, and the interest you have hitherto shown in this momentous question, to bring the matter before the proper authorities, and see if it is not possible in England to have an Act of Parliament something more than a subject to be considered at the caprice of captains and shipowners. If the Act is really for the benefit of the sailor, let no one have a voice in the matter after the Legislature has once decided. A compulsory clause as regards inspection of seamen would prove eventually as beneficial to the captains and owners as it will contribute to put our mercantile marine on a footing it has not hitherto attained.

As regards the amended scale of medicine, it is to be hoped the Act will be carried out; but some authorised person should inspect the chest prior to its being shipped. I would suggest that, on a vessel arriving in port, the captain should send the chest to a chemist, who, when he had replenished it according to the Government scale, should forward it to the medical inspector of the port, or some other authorised person, whose certificate should accompany the chest on board. The certificate in question would be a protection to the captain of a vessel in a foreign port, in case representation should be made by any of the crew to the consul that there had been an inadequate supply of medicines on board during the voyage. Such cases often occur, but the report of them seldom reaches England. I am, Sir, your obedient servant,

T. J. SANDFORD,
Medical Inspector of the Board of Trade, late R.N. and Medical Superintendent of *Hamadryad* Seamen's Hospital.

Cardiff, Jan. 1868.

MEDIO-BILATERAL LITHOTOMY.

To the Editor of THE LANCET.

SIR,—In due time I intend to publish, not only the single particular desired by "Chirurgus," but all the leading particulars of my lithotomy cases operated on by the medio-bilateral incisions. I am, Sir, yours obediently,

Wimpole-street, Feb. 3rd, 1868. H. THOMPSON.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

M. BÉHIER, the clinical professor of La Pitié, entered with great spirit into the debate on Tuberculosis, and delivered a remarkable discourse, at the Academy of Sciences, full of pith and vigour; but to this I shall return, with further details, in a future letter. A communication was read from M. Gallard on the subject of "intra-uterine injections rendered harmless by means of the method *à double courant.*" M. Gallard makes some sensible remarks on the subject, which it may be of interest to sum up in a few words. "I need not insist," says the author, "on the necessity of exercising, in certain cases, a direct or local therapeutical action on the uterine mucous membrane, nor on the advantage of employing fluid caustics in such cases. Now, in uterine injections, the great risk is that the fluid may flow through the Fallopian tubes into the peritoneum, or distend most painfully the cavity of the organ into which the injection is poured. This double danger is warded off when the fluid may effect its return through the orifice." M. Gallard employs for the purpose simply an ordinary probe, of a small size, and made of an elastic tissue. He has used it, he says, with great success in his hospital practice, and under the observation of numerous pupils. "The probe penetrates easily to the fundus uteri; through its great flexibility, its introduction is unattended with danger; owing to its small diameter it does not obliterate the orifices of the uterus (which, indeed, are invariably dilated in cases of uterine inflammation); lastly, there remains, between the surface of the probe and that of the cervico-uterine canal, an open space, through which the fluid easily flows back." Two or three grammes of fluid may thus be injected; beyond this quantity the fluid returns through the os uteri, and may be seen oozing out at the bottom of the speculum.

At the same sitting, M. Bergeron presented a communication from M. Géry, being the substance of a report which that able practitioner, one of the medical men attached to the *Etat Civil* of Paris, has drawn up with regard to the cholera visitation of 1865 and 1866. M. Bergeron spoke in most favourable terms of the report, and insisted on the accuracy of the statistical tables, and the sound judgment evinced in the inferences which the author had laid down, thus giving exceptional value to the history of the epidemic in one of the principal quarters of Paris. M. Bergeron, among other remarks, drew the attention of the Academy to one of the points which had marked the last choleraic epidemic—namely, the frequent absence of premonitory diarrhœa.

At one of the last meetings of the Society of Surgery M. Verneuil gave the substance of a work which has recently been published by M. Foley, of Lille, "On the Resection of the Wrist." The work contains the details of seventy cases, in eighteen of which the operation was performed for traumatic injuries, and in fifty-two for organic alterations. In eleven cases death ensued, making the rate of mortality to be 15 per cent. In this result the author has included those cases in which death ensued, not from the immediate sequelæ of the operation, but from the scrofulous or tuberculous diathesis of

the patient; the caries of the joint which had necessitated the operation having been, indeed, one of the manifestations of that diathesis. Death was brought on in some cases through various morbid changes dependent on the general affection of the patient, so that the percentage above named even overstates the rate of mortality. The result in favour of resection of the wrist is, therefore, great when compared with the rate of mortality in amputation of the wrist, which amounts to 33 per cent. Death supervened more frequently in cases of traumatic injury, and in cases of total resection, than in those in which resection was partial, and the operation was resorted to for some organic lesions.

M. Verneuil also entered into some details in connexion with another interesting thesis, written by M. Merlatto, on the subject of "Forced attitudes considered as a therapeutical means." M. Merlatto demonstrates that certain positions of the body impede or favour arterial circulation. Thus, forced flexion and extension of the forearm suspend the radial pulse; forced flexion and extension of the thigh diminish the flow of blood in the femoral artery; forced flexion of the leg has often succeeded in stopping the beatings of a popliteal aneurism. Arterial circulation in the upper extremity may be impeded by compressing the subclavian artery between the clavicle and the first rib, through placing the body in a certain position. The arm should be drawn backwards and downwards. M. Verneuil mentioned that in a case of a large aneurism of the axillary artery, occupying the whole of the armpit, he had been able to suspend the beatings of the tumour by the employment of the above attitude. Unfortunately, these positions are most tiresome, and cannot be maintained more than a quarter of an hour. They cannot, therefore, be of use as a remedy in the treatment of aneurisms, but may be of great help in cases of hæmorrhage. M. Guyon, one of the members of the Society, observed that the beatings of the radial pulse might be stopped as effectually by the employment of another posture, which consisted in lifting up the arm and turning it outwards.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Licentiates in Midwifery at a meeting of the Board on the 5th inst.:—

Douglas, William, Belfast.
M'Kay, Hugh Munro, Woodstock, Ontario.
M'Larty, Duncan, St. Thomas, Ontario.
Prior, Richard Henry, Chichester.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Jan. 30th:—

Baker, John Penning, York-place, Portman-square.
Berry, Other Windsor, Camonbury-road, N.
Cresswell, Richard, Lewisham, Kent.

The following gentlemen also on the same day passed their first examination:—

Richard Banks, and John Dawson Mason, of Guy's Hospital.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen were admitted Fellows of the College at a meeting held on the 3rd instant:—

Cooper, Alfred, London.
Hamilton, Th mas, M.D., London.
Maclaren, Peter Hume, M.D., Lasswade.
Marsden, Alexander Edrom, M.D., London.

The following gentlemen passed their final examinations, and were admitted Licentiates of the College during the recent sittings of the examiners:—

Campbell, John, Glasgow.
Core, William Scott, County Tyrone.
Roberts, Henry Prescott, Manchester.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the recent sittings of the examiners:—

Walter Galloway, Dubry; J. Wybrants Alphents, Downpatrick; Beasin Behary Dutt, Calcutta; Denis Walshe, Kilkenny.

The following gentlemen passed their final examinations, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin.:—

Affleck, John, Dumfriesshire.
Alexander, Peter, Dudley.
Campbell, Archibald, Argyllshire.
Corry, George, Northamptonshire.
Gass, James Burton, Dumfriesshire.
Horner, Thomas Lyle, Dungiven, Ireland.
Innes, Robert, Aberlour.
Page, Joseph, Cork.
Ryder, Peter, Liverpool.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At the quarterly examination held on the 29th ultimo the following gentlemen passed the Preliminary Examination:—

John G. Allen, Henry Anderson, Jas. R. H. Anderson, Arthur E. J. Barker, William H. Barr, Thomas Baly, John T. B. Bookey, John T. Burgoyne, Henry Byrne, George G. Cuppage, Charles E. Daly, Charles E. Dimond, John J. C. Doherty, Wm. B Drew, James W. Gamble, Wm. A. G. Gilligan, Chas. R. M. O. Hearn, Daniel J. Hearn, Stephen F. Hill, Lewis A. Irving, John L. Kealy, Daniel J. Kean, Michael Mathews, James McNally, Joseph M. O'Brien, Chas. O'Connor, Richard C. M. Pooley, John C. Quinn, Nicholas L. Smith, Wm. P. Sullivan, Francis J. Tirney, Edward Williams P. J. H. Williams.

Dr. CHARLES TAYLOR, M.D. St. And., of Pine House, Camberwell, has been elected a member of the Court of Examiners of the Society of Apothecaries, and Dr. Robert Norton, M.D. King's Coll., Aberd., M.R.C.P. Lond., has been elected Chairman of the Court, in the vacancies caused by the death of Dr. William George Thiselton Dyer, M.D. St. And., L.R.C.P. Edin.

UNIVERSITY OF CAMBRIDGE: SCHOLARSHIPS AND EXHIBITIONS FOR NATURAL SCIENCE IN TRINITY AND ST. JOHN'S COLLEGES.—An examination in natural science will be held in Trinity College, during next Easter week; and one foundation scholarship at least (of the value of about £80 per annum, tenable for five or six years) will be obtainable by adequate proficiency in that subject. The foundation scholarships of this college are open to all undergraduates of the college in the first, second, and third year of their residence, and to those of other colleges at Cambridge or Oxford in the first year of their residence. The names of candidates who wish to be examined in natural science must be sent in to the Master not later than Wednesday, March 18th, together with the subject in which each candidate is prepared to be examined. At St. John's College an examination will commence on Tuesday, April 21st, 1868, at nine A.M.; and besides two scholarships of £70 per annum, and two of £50 per annum for classics and mathematics, there will be offered for competition an exhibition of the value of £50 per annum, tenable for three years, for proficiency in natural science, chemistry, including practical work in the laboratory, electricity, heat, light. The candidates will also have the opportunity of being examined in one or more of the following subjects:—Geology, anatomy, physiology, botany; and they may, if they think fit, offer themselves for examination in any of the classical and mathematical subjects; but excellence in some single department will be specially regarded. These scholarships and exhibitions are open to all persons, whether they be students in the University or not, who have not yet commenced residence in the University, or who are in the first term of their residence. Further information is obtainable from the tutors of the respective colleges.

DEATH OF AN ASTHMATIC PATIENT AFTER A DOSE OF CHLORODYNE.—The death of a dispensary patient in North Shields is the subject of a coroner's inquest. The patient was a labourer, and had suffered a long time from asthma. Being worse, on January the 25th he went to the dispensary for medicine. The medicine supplied to him was a mixture containing four drachms of chlorodyne and seven ounces and a half of water. Mr. Elliott, the house-surgeon, says he labeled the mixture to the effect that one tablespoonful was to be taken every three or four hours. He also told the patient how the medicine was to be taken; other witnesses confirmed the last statement. The patient went home and took apparently—according to the evidence—three tablespoonfuls of the mixture. Half an hour after he was observed to look ill, and to be covered with perspiration. Dr. Emmerson was sent for, who found the patient in stupor, and with contracted pupils, and in spite of various measures death ensued. Dr. Emmerson attributes the death to the morphia of chloroform. Mr. Bates considers that the man died from natural causes. On these circumstances the inquest was adjourned for further analysis of the mixture and contents of the stomach. A very serious difficulty arose as to this step. Dr. Emmerson had already examined both the medicine and the contents of the stomach, and satisfied himself of the existence of morphia in both. But he properly declined to undertake a more minute analysis. The coroner said the county objected to pay fees for analysis in such cases, and that he had had to defray such fees out of his own pocket. This is a monstrous state of matters, discreditable to the county magistrates, and unfavourable to the ends of justice. The inquest is, however, adjourned to the 18th of February, and the coroner is to communicate with the county authorities as to the defrayment of the expense of analysis!

OVERLAIN. — The improvement of the health of London has proceeded step by step with the drainage of the soil, the purification of the water, and the progress of medical science, but there are causes of death in great cities over which even sound sanitary doctrine has no control. Among such causes may be classed that of the suffocation of children, which is so deserving of notice that the Registrar-General, in an instructive paragraph of his return of the health of London, directs attention to the number of children in each week who are suffocated or overlaid in bed. Suffocation, chiefly of children, is becoming more prevalent than ever. The total deaths registered in London from this cause in the ten years 1858–67 was 3612—viz., 1542 in the five years 1858–62, or on an average 308 per annum, and 2070 in the five years 1863–7, or an average of 414 per annum. Ten years ago the number of deaths by suffocation to 100,000 of population in the metropolis was 8·6, whereas the proportional number now is 14 8, the deaths having increased from 230 in 1858 to 457 in 1867. Suffocation in bed from overlaying, &c., is the most frequent violent death of infants. The returns show that of 100 deaths at all ages, 85 were those of infants under one year of age; about 51 of these deaths were caused by bedclothes, 31 by overlaying, and 3 by food. Only a few of the deaths of infants from suffocation were returned at the coroners' inquests as murder; and that death in many cases was the result of accident through carelessness, rather than that of design, may be inferred from the fact that the deaths were most fatal in cold weather.—*The Times.*

MR. ALFRED COOPER, of the West London Hospital, was elected on the 3rd inst. a Fellow of the Royal College of Surgeons of Edinburgh.

THE number of deaths from delirium tremens in the decenniad 1854–63, in London, was 1292; from intemperance, 889.

THE GERMAN HOSPITAL.—The annual Court of Governors was held on Monday week at the London Tavern. His Royal Highness the Duke of Cambridge has signified his willingness to preside at the anniversary festival, which will be held on the 25th of March next. The number of in-patients last year was 1011; out-patients, 12,774.

MEDICAL VACANCIES.

Birmingham Lying-in Hospital—Resident Surgeon.
Buckinghamshire General Infirmary—Resident Surgeon and Apothecary.
Hull General Infirmary—Resident House-Surgeon.
St. George's and St. James's Dispensary—Physician and Accoucheur.
South Staffordshire General Hospital—Physicians' Assistant.

MEDICAL APPOINTMENTS.

W. ALLARD, F.R.C.S.E., has been appointed Medical Officer for the Tewkesbury District and the Workhouse of the Tewkesbury Union, vice J. H. Brown, M.R.C.S.E., deceased.

T. BAKER, L.R.C.P.Ed., has been appointed Medical Officer for Districts Nos. 6 and 7 of the Battle Union, Sussex, vice R. Duke, M.R.C.S.E.

T. BALMAN, M.D., has been appointed Physician to the Liverpool Dispensary for Diseases of the Skin.

J. T. BARRIE, M.D., F.F.P. & S. Glas., of Newarthill, has been appointed Certifying Surgeon for the District of Motherwell under the provisions of the recent Act to Amend the Laws relating to Labour in Factories.

W. BIRTWHISTLE, M.R.C.S.E., has been appointed Medical Officer for the Hessle District of the Sculcoates Union, Yorkshire, vice B. Locking, M.R.C.S.E., resigned.

T. BLACKWOOD, L.R.C.P.Ed., has been appointed Public Vaccinator for the Wednesbury No. 2 District of the West Bromwich Union.

J. BROWN, L.K.Q.C.P.I., has been appointed Public Vaccinator for the Oldbury East District of the West Bromwich Union.

B. S. BROWNE, M.R.C.S.E., has been appointed Public Vaccinator for No. 4 District of the West Bromwich Union.

E. A. BROWNE, M.R.C.S.E., has been appointed Surgeon to the Liverpool Dispensary for Diseases of the Skin.

J. W. BROWNE, M.D., has been appointed House-Surgeon and Superintendent of the Belfast General Hospital, vice R. H. Newett, L.R.C.P.Ed., appointed Medical Officer to the Toome Dispensary District of the Ballymena Union.

T. E. BOWKETT, jun., M.R.C.S., &c., has been appointed House-Surgeon to the London Hospital, vice Mr. W. E. Ditchett, whose term of office has expired.

H. E. CAUTY, M.R.C.S.E., has been appointed Surgeon to the Liverpool Dispensary for Diseases of the Skin.

A. H. DOWDON, M.R.C.S.E., has been appointed Medical Officer for the Alveston District of the Stratford-on-Avon Union.

W. ELPHICK, M.R.C.S.E., has been appointed Medical Officer for the St. Pancras Parish temporary Schools at Plaistow.

A. P. EVANS, M.R.C.S.E., has been appointed Public Vaccinator for District No. 2 of the West Bromwich Union.

C. J. FARR, M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Swinton, Lancashire, vice D. Dorning, M.R.C.S.E., deceased.

A. F. FISHER, M.R.C.S.E., has been appointed Medical Officer for the Stotfold District of the Biggleswade Union, Bedfordshire, vice Hicks.

W. C. GARMAN, M.R.C.S.E., has been appointed Public Vaccinator for the Wednesbury No. 1 District of the West Bromwich Union.

C. J. GRELLET, M.R.C.S.E., has been appointed Medical Officer for the Oxford District of the Plomesgate Union, Suffolk, vice A. H. Dowson, M.R.C.S.E., resigned.

J. T. HINGSTON, M.R.C.S., M. and L.S.A., House-Surgeon at the General Lunatic Asylum, Northampton, has been appointed Medical Superintendent of the Isle of Man Lunatic Asylum.

W. H. HAYWARD, M.R.C.S.E., has been appointed Public Vaccinator for the Oldbury West District of the West Bromwich Union.

MR. G. HOPE has been appointed Resident Apothecary to the Meath Hospital and County Dublin Infirmary, vice W. H. Digges, L.A.H. Dub., resigned.

W. HOPKINS, L.R.C.P.Ed., has been appointed Public Vaccinator for the Handsworth District of the West Bromwich Union.

T. HUGHES, M.D., has been appointed Medical Officer to the Amlwch Cottage Hospital.

R. JONES, L.R.C.P.Ed., has been appointed Medical Officer for the Llanfihangel-y-Traethau District of the Festiniog Union, Merionethshire.

W. JONES, M.D., has been appointed Consulting Physician to the Amlwch Cottage Hospital.

W. G. LAIDLAW, M.B., has been appointed Resident Assistant Medical Officer to the West Derby Union Workhouse.

W. S. MACKENZIE, L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Surgeon to the Sharleston Collieries, Yorkshire.

J. MANLEY, M.R.C.S.E., has been appointed Medical Officer for the West Bromwich No. 1 District of the West Bromwich Union, vice Charles T. Male, M.R.C.S.E., deceased.

Dr. PRIESTLEY has been elected Consulting Physician-Accoucheur to the West London Hospital.

T. H. SANDIFORD, M.D., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Durrus and Kilchrohane Dispensary District of the Bantry Union, Co. Cork, vice H. Donovan, L.R.C.P.Ed., appointed to the Kilfinane Dispensary District of the Kilmallock Union.

R. SKIMMING, M.D., has been appointed Medical Officer for the Biddenden District of the Tenterden Union, Kent, vice O. Hairland, M.R.C.S.E., resigned.

S. E. SOLLY, M.R.C.S.E., has been appointed Surgeon to the Islington Dispensary, vice Alex. Bruce, M.B., resigned.

R. H. S. SPICER, M.D., has been appointed Medical Officer and Public Vaccinator for District No. 11 of the South Molton Union, Devon, vice Wright, resigned.

W. G. SUTCLIFFE, M.R.C.S., has been appointed Surgeon to the Victoria District of the London, Brighton, and South Coast Railway Provident Society, vice Mr. G. Bottomley, of Croydon.

T. THYNE, M.D., has been appointed Medical Officer for the Aldgate District of the East London Union, vice H. Hadlow, M.R.C.S.E., deceased.

J. H. TORRANCE, M.D., has been appointed Medical Officer for the Wolston District of the Rugby Union, Warwickshire.

A. C. WALKER, L.F.P. & S. Glas., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Carrickmore Dispensary District of the Omagh Union, Co. Tyrone.

Births, Marriages, and Deaths.

BIRTHS.

On the 12th of Dec., at Bangalore, the wife of Dr. A. Lewis, Royal Horse Artillery, of a daughter.

On the 12th ult., at Northampton Villa, Swansea, the wife of Dr. Jabez Thomas, of a son.

On the 20th ult., at Cowes, the wife of Wm. Hoffmeister, M.D., of a son.

On the 21st ult., the wife of T. A. Chaldecott, M.D., of Beomond, Chertsey, of a son.

On the 26th ult., at Southwark-bridge-road, the wife of John Sleeman, M.D., M.R.C.S., of a son.

On the 26th ult., at Donington, Spalding, the wife of E. W. Jollye, M.R.C.S., of a daughter.

On the 28th ult., at St. George's-square, Portsea, the wife of Arthur M. Garrington, M.D., of a son.

On the 29th ult., the wife of J. H. Tylecote, M.D., of Sandon, Staffordshire, of a daughter, still-born.

On the 31st ult., at Beboide, Northumberland, the wife of Alex. Buchanan, Surgeon, of a daughter.

On the 4th inst., at Chesterfield, the wife of Dr. H. Robinson, of a son.

MARRIAGES.

On the 9th ult., at St. Cuthbert's, Benfieldside, Durham, Dr. Thomas R. Pearson, of Stowmarket, Suffolk, to Jane, third daughter of W. Ritson, Esq., of Springfield House, Shotley-bridge, and of Redcar, Yorks.

On the 30th ult., at Walmer, Thomas Cole, M.B., of Bath, to Fanny, daughter of R. G. Davey, M.R.C.S.E., of Walmer.

DEATHS.

On the 10th ult., Robt. W. Bloxam, F.R.C.S.E., of Ryde, Isle of Wight.

On the 13th ult., Benj. Jones, M.R.C.S.E., of Gaerwen, Anglesey, aged 51.

On the 27th ult., at Cambray-place, Cheltenham, Wm. Rhodes Bernard, M.D., formerly of Springfield, Ross, aged 75.

On the 28th ult., Edward Wilkinson, M.D., L.R.C.S.Ed., of Aspatria, Cumberland, aged 67.

On the 31st ult., Dr. W. P. Henderson, Resident Surgeon to the Royal Infirmary, Edinburgh, aged 23.

On the 1st inst., Dr. William Dewar, of Dundee.

On the 3rd inst., at Osnaburgh-street, Regent's park, Dr. Chas. Searle, late of the Madras Service, aged 74.

On the 3rd inst., Dr. James M. Kirwan, of Mountjoy-square, Dublin, Coroner for the City of Dublin, aged 69.

ABSOLON *VERSUS* STATHAM.

THE following subscriptions have been received since last week's issue:—

Ed. Sercombe, Esq.	...	...	£2	2	0	J. W. Lomax, Esq., Manchester	£1	1	0
Dr. Markham	...	...	1	1	0	W. J. Taylor, Esq.	1	1	0
J. Lord, Esq.	...	...	1	1	0	T. Underwood, Esq.	2	2	0
A. Mein, Esq., Edinburgh	...		3	3	0	W. J. Bryan, Esq., Liverpool	1	1	0
J. Corbett, Esq., Dublin	...		2	2	0	C. H. Bromley, Esq., Southampton	1	1	0
J. H. Parson, Esq., Halifax	.		1	1	0	R. Bromley, Esq., ditto	1	1	0
W. Hay, Esq.	...	...	1	1	0	R. H. Moore, Esq., Dublin	2	2	0
J.W. Kekwick, Esq., Carlisle			1	1	0	W. I. Doherty, Esq., ditto	1	1	0
F. W. Morgan, Esq., Lessington	...	...	0	10	6				

The subscription-list will be closed on February 20th. Gentlemen who have promised, or who intend to assist, are therefore requested to send their contributions on or before that date to Edwin Saunders, Esq., Honorary Treasurer, 13A, George-street, Hanover-square, London, W.; or to Dr. Cholmeley, Honorary Secretary, 49, Russell-square, London, W.C.

PADMORE FUND.

THE following additional subscriptions have been received in aid of the distressed family of the late Mr. Padmore, of St. Heller's:—

Subscriptions announced £17 9 0

Dr. Richardson, Exmouth	...	£1	0	0	J. Hobson, Esq.	... ...	£0	10	0
F. V. Eck, Esq.	... ...	0	10	0	M. Upton	... ...	0	2	6

Medical Diary of the Week.

Monday, Feb. 10.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Anatomy and Physiology of Invertebrate Animals."
MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Thorowgood, "On Remedial Measures in Advanced Phthisis."

Tuesday, Feb. 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On the Discoveries of Faraday."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 P.M. Balliol.—8½ P.M. Mr. Curgenven, "On Infantile Remittent Fever erroneously called Typhoid."—Mr. H. Lee, "On a Case of Double Hernia in a Single Sac."
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Prof. Busk and Mr. J. Evans, "On Human Remains and Works of Art found in the Tumuli and Caves in Portugal."—Rev. — Houghton, "On the Hairy Men of Eastern Asia."—Dr. Hyde Clark, "On the Vurini of Tacitus."

Wednesday, Feb. 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Anatomy and Physiology of Invertebrate Animals."
LITERARY AND PHILOSOPHICAL SOCIETY (University College, London).—7 P.M. Rev. Hermann Adler, "On Semitic Roots in the English Language."—Mr. W. H. Corfield: "The Extinct Volcanoes of Auvergne and the Eifel."
HUNTERIAN SOCIETY. — 7 P.M. Annual General Meeting. — 8 P.M. Annual Oration by Dr. J. Braxton Hicks.

Thursday, Feb. 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On the Discoveries of Faraday."

Friday, Feb. 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Anatomy and Physiology of Invertebrate Animals."
ROYAL INSTITUTION.—8 P.M. Prof. Roscoe: "Vanadium and its Compounds."
CLINICAL SOCIETY OF LONDON. — 8½ P.M. Papers will be read on "Intermittent Hæmaturia," "Renal Abscess," "Fibrous Phthisis."

Saturday, Feb. 15.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Roscoe, "On the Non-Metallic Elements."
METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ P.M.

To Correspondents.

MR. FRANK BUCKLAND ON SNAKE POISONS.

THE systematic way in which Mr. Frank Buckland sets to work to investigate any scientific point of interest or uncertainty in natural history is most refreshing. In the last number of *Land and Water*, he describes some of his experiences bearing upon the matter of the poison of the cobra. He first of all relates his knowledge of vipers. Being anxious some years ago to make the acquaintance of a living specimen of the then new British snake (*Coronella lævis*), he says:—"I engaged a professional viper catcher, one White, to collect for me. I sent him down to the New Forest with orders to catch every living snake he saw, the common ringed snake (*Coluber natrix*) excepted. In four days he returned with a bag, and told me he had had capital sport. We went into an empty barrack-room, and standing on a chair I unloosed the top of White's bag, and shot its contents on to the floor. The slippery reptiles came tumbling out, first singly and then in pairs, and at last the main body, coiled and twisted together into a solid mass, like Medusa's chignon, and in half a minute I had on the floor about fifteen vipers and two coronellas, crawling about in all directions, and looking as savage as vipers can look. The first thing I did was to pick up the coronellas, and put them carefully away; and then we had to catch all the vipers again, and White gave me a lesson in the noble art of viper-catching." Having caught one of the beasts, Mr. Buckland noticed that, held in the grasp of the "professional," "his mouth was wide open, and his tiny glass-like and needle-pointed fangs were at 'full cock,' like the lock of a shot gun. I then tickled his nose with a feather, and immediately learned something I did not know before. My irate friend moved his fangs alternately, first one becoming erect and then the other, and this in quick succession, just like a man sparring at the commencement of a fight; he never moved them both simultaneously, and no poison came out of the fangs. I then got a glass slide out of the microscope, and placed it in the viper's mouth. In an instant both fangs struck down upon it, and were immediately retracted parallel with the gum—their normal position when at rest. The fangs struck the glass with the quickness of a bee's sting, and seemed to attempt to fasten on it with a spiteful earnestness. Upon taking away the glass from between the viper's jaws, I was delighted to observe two drops of perfectly clear, translucent fluid resting upon it, each drop corresponding to the place where the tooth had struck. I at once placed these drops under the microscope, and then saw a wondrous sight. After a second or two, on a sudden, a crystal-like fibre shot across the field of vision, and then another and another, these slender lines crossing each other at various angles, reminding me of the general appearance of an aurora borealis while these crystals were actually forming, or of delicate frost crystals on a carriage or room window when there has been a sharp touch of frost set in. I was so delighted with the novel and unexpected phenomenon that I ran at once into the mess-room, and called my brother officers to look into the microscope; but though I could not have been absent from the room a minute, when we returned the coruscations and the crystallisations had entirely disappeared, and nothing but a pure fluid could be seen. The poison afterwards dried up on the glass, without the least appearance of crystals." These are interesting facts in relation to the nature and activity of the cobra poison, which Mr. Buckland thinks acts by "curdling" the blood which is arrested in the heart. He therefore counsels the free use of stimulants; and in regard to topical applications, asks what is the use of applying these to the external skin when the poison has been inserted by the fang into the deeper parts of the surface. If we wish to destroy the poison by antidotes, they must be injected deeply into the wound. Mr. Buckland is not at the moment prepared to say what the antidote may be; but he thinks it may be reasoned out pretty correctly.

Mr. F. J. Gray, (Rugeley.)—The case of "Gunshot Wound" shall be inserted in an early number of THE LANCET.

J. T. D.—We cannot recommend either the book or the instrument.

POOR-LAW EXTRAS.

To the Editor of THE LANCET.

SIR,—Allow me to submit the accompanying copy of Consolidated Order of the Poor-law Board, and solicit your opinion if such is not only prejudicial, but offensive:—

"Article 178.—Provided that, except in cases of sudden accident immediately threatening life, no medical officer shall be entitled to receive such remuneration (as provided in Article 177) for *any* amputation, unless he shall have obtained at his own cost the advice of some Member of the Royal College of Surgeons of London, or some Fellow or Licentiate of the Royal College of Physicians in London, before performing such amputation; and unless he shall produce to the guardians a certificate from such Member of the Royal College of Surgeons, or such Fellow or Licentiate, stating that in his opinion it was right and proper that such amputation should be then performed."

I may be permitted to ask, in localities where there is no Member of the College of Surgeons or Fellow or Licentiate of the College of Physicians to consult as a second opinion, what is to be done? And if it is not time that such absurd anomalies should be expunged from our laws, which should bear equally upon all our scientific institutions?

In the army, navy, and in private practice, medical men consult their immediate medical or surgical brethren, without reference to London, Dublin, or Edinburgh, which is considered by the world sufficient; and why cannot such a course satisfy the Poor-law Board?

Yours obediently,
Walkeringham, Gainsborough, Jan. 1868. T. B. WRIGHT, M.D.

THE RICHMOND INFIRMARY.

ON Wednesday last a new "infirmary" was opened at Richmond. We have received a copy of the Rules and Regulations of the institution, with a request that we would express our opinion upon their general fitness and adaptation for the desired purpose, and whether they are formed in a spirit of fairness to the members of the profession in the neighbourhood. We shall answer these questions in our next.

Mr. W. Johnson Sollo and *M. Ball* (Rue du Mont-Thabor).—We beg to refer our correspondents to Dr. Shortt, Camp, Sherrarry Hills, Madras Presidency.

A Sufferer should consult some respectable medical practitioner, who would be able to afford him the relief he requires.

Kent.—It will not exempt him from passing the preliminary examination.

THE CLUB QUESTION.

To the Editor of THE LANCET.

SIR,—The prominence you have allowed this question to occupy in your columns, and its vital interest to a large proportion of the profession, induces me to trouble you with these remarks.

There can be no doubt that the present meagre acknowledgment for Club attendance is a legacy bequeathed to the junior members of the profession by those who fostered its growth, when the status of the medical profession, as well as its educational requirements, were very much less than now.

I am very glad indeed that the "gentlemen" of the profession, with Dr. Heslop for their Mentor, are exposing the injustice and absurdity of the present system of remuneration. I propose to speak of the "corruption" of the system, as carried on in my own neighbourhood by one or two of my juniors, and I take it that you and your readers will agree with me that professional ethics in this part of the country have fallen many degrees below the zero of respectability.

The "Club system" is here nurtured and pampered as though it were the *sine qua non* of the doctor's existence, and vacancies or changes in Clubs are as eagerly canvassed for as the Coronership of West Middlesex. I will mention one or two of its salient features, as seen in actual operation here.

First, as to payments. The maximum (with one exception given below) is 3*s.* 6*d.*, and the minimum is 2*s.* per head per annum. This, in a mining and manufacturing district, includes operations, fractures, severe burns, and all instruments, splints, &c., required for treatment. The exception as to payment (referred to above) is the most flagrant and disgraceful arrangement I am acquainted with by members of an honourable profession. We have here Women's Clubs; the payment is 4*s.* per annum, and for this the members may be attended in their accouchement by a M.B. of the London University, &c., or by two members of the Royal College of Surgeons, without any extra payment whatever. These are generally large Clubs, and are continually receiving accession to their numbers in young married women, wives of artizans and mechanics, who, on finding themselves pregnant, enter the Club, pay their doctor's subscription, and secure its medical benefits. These women are much better able to pay 15*s.* for their accouchement than those of the agricultural districts are to pay the fee of 10*s.* 6*d.* I would guard your readers against supposing there is any charity connected with this Club. It is carried on at a public-house; the members are allowed their quantum of beer on their monthly Club nights, and after the accouchement of any one of its members, she is allowed one quart of beer, which is sent to her house as soon as she is pronounced in a condition for it. I never saw anything like this before, but this is a reality, the existence of which is propped up and nurtured by those mentioned above.

We will look, secondly, at some of the customs and usages belonging to the Club doctors' relationship with the Clubs here. The doctors are paid half-yearly, and go to the Club on certain nights for their money. This is called "the doctor's night." The members muster pretty strongly on these occasions, partly to see the doctor, but chiefly to drink the "doctor's beer." It is done in this way: if there be two medical men connected with the Club, the members have the opportunity of changing their doctor at this "doctor's night," so that the opportunity is taken by the doctor present to make the most of it. The Secretary strikes his hammer upon the desk, and announces that Dr. Jones has paid for two gallons of beer, or sometimes (which means the same thing) Dr. Smith has given five shillings to be spent. This announcement calls forth tremendous cheering, and in all probability two or three worthless members change doctors for the next half-year while under the excitement of the doctor's "unostentatious" liberality. The members then collect among themselves a trifle to add to the doctor's donation, and the result is a good supply of beer, making the doctor's night a *red* letter date in the Club calendar. In addition to this, the Secretary or Book-keeper gets a small gratuity put in his hand, because he is generally one of the leading men of the Club, and "holding the candle" to him ensures a safe and secure position for the doctor. Once a year the Club has a dinner, and procession through the streets, headed by a band of music, and the ubiquitous doctor mounted on horseback, and invested with a sash. This is an exceedingly dignified position, as the members stay to refresh themselves at certain public-houses on the line of route, standing in their ranks till the waiters have been round with jug and glass, which, of course, is first given to the doctor, who calmly sits in the saddle till all have had a refresher for another half-mile walk under a July sun. This goes on till about two o'clock, when the doctor is expected to dine, and afterwards occupy the chair for an hour or two, till the day itself is entirely wasted for professional work. All this has become by custom, and continued observance, to be as much a part of the doctor's duties as medical attendance.

Again, if a vacancy takes place, or if in a Club where only one medical man has hitherto been appointed, the members should decide to have what they call "free trade in physic," by which they mean that any member may chose any medical man in the district he thinks proper who will accept him,—I have actually witnessed in such a case as this, a M.R.C.S., with list of members of the Club in hand, calling in his carriage, house to house, canvassing for members, who principally reside three miles from his residence, and who would pay him the munificent sum of half-a-crown each per annum.

There are one or two more disgraceful "dodges" practised by Club doctors here, which I will refer to, with your permission, on a future occasion, as well as give you some of my ideas on the *causes* and the *remedy*. And if you would denounce these disgusting practices from your editorial chair, it would in time have its effect upon those practitioners whose lengthened connexion with the profession of medicine ought to have made them beyond the indignant criticism of,

Your obedient servant,

January, 1868. JUSTUS MEDICUS.

OZONE.

A PAPER appears in the Proceedings of the Royal Society for 1867, by Dr. Thomas Andrews, M.D., F.R.S., on the "Identity of the Body in the Atmosphere which decomposes Iodide of Potassium with Ozone." The existence of a body in the atmosphere having the power of decomposing iodide of potassium is admitted; but other bodies besides ozone have this property, as, for example, chlorine and nitric acid, whose vapours in a very diluted form might possibly exist in the atmosphere. Dr. Andrews has satisfied himself that the body in the atmosphere which colours iodide-of-potassium paper is ozone, by subjecting it to the most characteristic tests of ozone—to wit, its power of oxidising mercury; passing air (containing the ozone-like body) through a tube containing pellets of dry peroxide of manganese, which is destructive of all ozone reactions; and subjecting air to the action of a temperature of 237° C., which quickly destroys ozone. The results were exactly such as ozone would yield, and Dr. Andrews concludes that the body in the atmosphere which decomposes iodide of potassium is identical with ozone.

Only a common Country Surgeon.—The gentleman acted quite rightly in declining to carry out the directions of the consulting surgeon in the treatment of the case, which he himself had not had the opportunity of fully investigating. It is quite probable that the case could be as well treated in the country as in London.

A Subscriber.—The new-comer, as a rule, calls on the residents.

A HARD CASE.

To the Editor of THE LANCET.

SIR,—On the evening of Wednesday, the 15th ultimo, a woman rushed into the surgery of this institution, and told the boy in attendance that her husband had burst a bloodvessel. The boy instantly rang for me; but before I could reach the surgery (not more than a minute), she had left hurriedly, without giving either name or address, merely saying, "Tell him it is the man he was with this afternoon." As I had been visiting patients the whole of the afternoon, this afforded no clue to her residence. But for this omission I should have been with the man in a very few minutes, as his house was within a stone's throw of mine.

However, at an inquest held at St. Bartholomew's Hospital, the woman deposed that she had waited *ten* minutes; whereupon the jury, *in my absence*, appended a vote of censure to their verdict: "Being unable to overlook the *applications* that had been made to me" (*sic*). The woman applied *once* only.

Now, Sir, I would ask, is it either law or justice thus to gibbet a man in the public press, unseen, unheard, and unrepresented, without any opportunity whatever of giving a short and simple explanation? Would such a proceeding be countenanced in any other tribunal in the world?

At a meeting of the Committee of this institution, to inquire into my conduct on the occasion, the subjoined resolution was carried unanimously:—

"That this Committee, after having fully and carefully investigated the circumstances relative to a vote of censure passed on Dr. Southwood at an inquest held at St. Bartholomew's Hospital on the body of Thomas Halesworth on the 15th instant, are unanimously of opinion that no blame whatever is justly attributed to that gentleman, and that they feel very strongly that such a censure should have been passed without giving Dr. Southwood an opportunity of being present to render any explanation in his power; and they deeply sympathise with him, and deplore that such an imputation should have been made and circulated in the public press, to the serious injury of his character and reputation. By order of the Committee—Benjamin Smith, Chairman; Frederick Stiles, Secretary."

I am, Sir, your obedient servant,

J. SOUTHWOOD,

Resident Surgeon to the Metropolitan Dispensary.

Fore-street, E.C., January, 1868.

J. B.—1. If the certificates be signed by an unqualified practitioner, and he add to his name any title which implies that he is registered, he may be summoned before a magistrate under the 40th clause of the Medical Act.—2. There is no remedy for the abuse.

M.R.C.S.—A registrar is justified in granting a certificate for a person who has been attended by an unqualified practitioner.

A Constant Reader, (Dublin.)—We know of no University in which a degree of M.D. could be obtained under the circumstances mentioned by our correspondent.

VILLAGE HOSPITALS.

To the Editor of THE LANCET.

SIR,—I shall feel greatly obliged if you or some of your correspondents will kindly let me know how I can obtain some information as to the rules, management, and expense of the various Village Hospitals established in different parts of the country. Your obedient servant,

January, 1868. Z.

Mr. A. Gonstrez.—A consulting practitioner is never justified under ordinary circumstances in seeing a patient except in the presence of the usual medical attendant. There may be exceptions to this in cases of emergency; but when there is no such emergency, and the consultant has been informed that he has been called in to meet a brother practitioner, he commits a grave offence against professional decorum, and his conduct is open to the severest censure, if he sees and prescribes for a patient in the absence of the ordinary medical adviser.

W. T. B.—1. Our correspondent should make a claim of one guinea, and forward it to the proper quarter through the superintendent of the division. It is by no means clear who is legally responsible for its payment.—2. We are not acquainted with any such work.

Tamworth.—Not legally, but by custom.

If *Mr. Henry Knowles* will kindly furnish us with a short account of the proceedings before a County Court Judge, it shall receive attention.

ANTI-VACCINATION COMMITTEE.

THE statements advanced by this Committee are really scarcely worthy of being noticed. The common sense of mankind has settled the question. All facts and arguments are in favour of vaccination, except with those who are determined to ignore both.

A Constant Reader of THE LANCET.—No one can *legally* practise in France without some French diploma; or, in the absence of this, in case of a foreigner, the latter may engage in practice by permission of the Home Secretary. This permission, however, is very difficult to obtain, and the better plan is to submit to examination. But this ordeal is very inconvenient, especially for a man who has been long in practice. The authorities are not very strict, and some holders of British diplomas practise quietly in some parts of France without the least annoyance. Still there is always a risk, and all these circumstances should be duly weighed before finally settling down in a French locality.

Regular Reader.—The article on Vaccination by Dr. Seaton, and that on Small-pox by Mr. Marson, in "Reynolds's System of Medicine," published by Longmans.

Mr. C. R., (St. John's-wood.)—We do not insert such announcements unless they are from the pen of a medical practitioner.

ARMY MEDICAL PROMOTIONS.

To the Editor of THE LANCET.

SIR,—In the *Military Gazette* of Jan. 31st, the promotion to staff surgeon of Dr. Emil Becher, of the 104th Regiment appears. I am pleased to congratulate him on the fact, believing as I do that he is worthy of the distinction; but I cannot help feeling that his promotion is a great injustice to the department generally.

Did not Dr. Becher enter the service in 1862, and pass his examination at Netley in that year, his name appearing amongst the other candidates of the session? If so, whence has he derived the twelve years' army service which appears against his name, and on what grounds has his commission been antedated *seven years*? I am aware that during the Crimean war Dr. Becher was employed (I believe as a civilian) at Smyrna and the other hospitals then established; but it really is a matter of some consequence to know how this can be allowed to count as army service.

This is not, Sir, the only case of injustice in the matter of promotions; and I do trust that if no more satisfactory reason can be given for this second act of favouritism than at present appears, it will be the last attempt to place any man in what is called a seniority service above

February, 1868. ONE OF HIS SENIORS.

D.—By law, overseers are only empowered to give orders in cases of urgent or sudden necessity, or in the known absence of the relieving officer. We would advise our correspondent to attend to all such orders in the first instance; and if he considers the power has been abused, to write and remonstrate with his Board of Guardians. Failing of relief from that source, let him appeal to the Poor-law Board.

Mr. Isaac Ironsides, (Sheffield.)—Under any circumstances the appointment was necessary.

M. A. T.—We have not space to publish the questions. They may be obtained by application to the Secretary at the College.

An Accoucheur is perfectly justified in attending women in "a temporary retreat," such as he has described.

Mr. W. Watson.—The work of Sir T. Watson, of Dr. Aitken, or of Dr. Russell Reynolds.

TAPEWORM IN BIRDS.

To the Editor of THE LANCET.

SIR,—As Spencer Cobbold says that, "contrary to general expectation, the cestoid entozoa appear to be quite as abundant in the granivorous birds as they are in the carnivorous," and as it seems to me impossible to understand this on any other supposition than that the strobila may in them be developed directly from the ovum, or at least that the changes from the ovum to the cysticercus, and thence to the zooid, may take place in the one animal, I shall retain this as my opinion until "Podiculus" or other authority may give me good reason to alter it. YOURS, &c.,

February 1st, 1868. LAWSON TAIT.

A Country Practitioner of Eleven Years' Standing will require to rub up his anatomy and physiology in order to pass the F.R.C.S. examination. He will be expected to answer papers in anatomy and physiology and in surgery, and will be examined practically in anatomy, in surgical diagnosis, and in operations. If his anatomy is shaky, he had better attend a short course of demonstrations if possible, and should certainly go through the operations once. Copies of the examination-papers will be found in the Calendar.

WE have been favoured by *Mr. Hatherly* with a copy of the baptism of Mary Morfew, who died a few days ago. It runs as follows:—

"Copy. Claydon Register, 1761. Mary Pinner, daughter of George and Andrew his wife, was baptised Nov. ye 28th, 1762.

"I certify the above to be a true copy.

"Nov. 12th, 1860." (Signed) "GEORGE DRURY, Rector of Claydon.

A Reader.—We do not prescribe. In the hands of a respectable surgeon a cure would soon be effected.

V. T. S.—It can only be obtained by examination; and when obtained, it might be a question whether it would be entitled to be registered under the Medical Act.

An Overworked Assistant.—By application to the Directors of the Peninsular and Oriental Steam Company, Leadenhall-street, London.

Dr. Sumpter is thanked for his communication; but the subject is so well understood by the profession that it does not require further elucidation.

L.—The duration of pregnancy is about forty weeks, or 280 days, counting from the last day of the last monthly period. If the date of conception be known, labour may be expected about 274 days afterwards. What is called quickening occurs during or soon after the sixteenth week after conception. There is no absolute certainty in these calculations.

Mr. W. Alexander, (Dundonald.)—The case shall be inserted in an early number of THE LANCET.

A Constant Reader.—1. Dr. Richardson's.—2. By order of an instrument-maker.

THE DELHI BOIL.

To the Editor of THE LANCET.

SIR,—There are two very interesting and important particulars with reference to "the Delhi boil" which you have not noticed in your impression of Saturday last—viz., that the disease may not declare itself until long after the infecting district has been quitted; and that when once contracted, fresh outbreaks may from time to time occur for years, without the patient having returned to India.

For a case in point, I beg to refer to a paper of mine on this subject in the *Journal of Cutaneous Medicine*, vol. i., No. 3. The patient there referred to has just been under my care with almost as bad an attack as he ever had.

Yours obediently,

Maida-hill, February 3rd, 1868. R. S. SIBSON, M.D.

WE are compelled to omit letters by Mr. Edwin Cheshire on "Health Officers and the Sewage Question," Mr. Vincent Jackson on "Medio-Bilateral Lithotomy," Dr. L. O. Fox on "Vaccination Fees," Mr. Clover on the "Administration of Chloroform through the Nostrils;" also articles on the "Harrogate Bath Hospital," the "Public Health," &c. &c.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Murchison; Sir Henry Thompson; Mr. Erichsen; Dr. Letheby; Surgeon-Major Wyatt; Mr. Gamgee; Dr. Tilt; Dr. Hassall; Dr. A. Buchanan; Mr. Hatherby; Mr. Henry, Sheerness; Dr. Hardwicke; Dr. Wolfe; Mr. H. A. Jackson; Mr. Proctor; Mr. St. John Coleman; Mr. P. V. Timothy; Mr. W. Watson; Dr. Meenes; Mr. Swain; Dr. Rumney; Dr. Ball, Paris; Mr. Hermitage; Capt. Ross, Woolwich; Dr. Dudfield; Mr. Stoney; Dr. Skinner; Mr. Tait; Mr. Gray; Mr. Horn; Dr. Simson; Dr. Davey; Dr. Sumpter; Dr. Alston; Dr. Garringham; Rev. C. Acland; Dr. W. G. Richardsott; Dr. H. Downes; Dr. Hancox; Mr. Macpherson; Mr. Webster; Dr. Sheppard; Mr. Serjeant; Mr. Stone; Mr. Layton; Mr. Chapman, Biarritz; Mr. Jackson, Wolverhampton; Mr. Woodifield; Dr. R. Gooding; Mr. Greatrex; Dr. Fotherby; Dr. Orton; Mr. Wallace, Sheffield; Mr. Roberts; Dr. Thomas, Swansea; Mr. Biddle; Dr. MacQuibban, Aberdeen; Dr. Tylecote, Landon; Mr. Bold, Truro; Mr. Rendle; Dr. Robertson, Liverpool; Dr. Quick; Mr. Church; Mr. Ruffe, Tamworth; Mr. Boshier, Bath; Mr. Pearson; Dr. Armistead; Mr. Gaskell; Mr. Ironside; Mr. Bradford; Mr. Herring, Bradley Green; Mr. J. Lidderdale; Dr. Atthill; Mr. Southwood; Messrs. Lepage and Co.; Dr. Mickley, Nottingham; Mr. Sutcliffe; Dr. Watkins; Dr. Robinson, Chesterfield; Dr. Macnab, Cross Hills; Mr. S. Smith; Mr. Armstrong; Mr. Kendall, King's Lynn; Mr. Moore; Dr. Buchanan, Bebside; Dr. W. Alexander, Dundonald; Mr. Rowland; Mr. Robertson; Dr. March, Rochdale; Mr. Clover; Mr. Gell; Dr. Webb; Mr. Padmore; Baron Haussmann, Paris; Dr. Skimming, Smarden; Mr. Willan; Mr. Lawrence; Dr. Parker, Abbotsbury; Dr. Mackenzie, Normanton; Mr. Solla; Mr. Grant, Sutton; Mr. Bowkett; Dr. Iliffe, Springhead; Dr. Pitt; Mr. M'Donnell, Boyle; Mr. Vally, Carrarra; Mr. Jeffries; Mr. J. M'Gibbon; The Secretary of the Anthropological Society; A Reader; Amicus; Kent; One of his Seniors; Shy Lock; An Overworked Assistant; A Constant Reader; J. L.; V. T. S.; M. A. T.; A Sufferer; Z.; M.R.C.S.; Scalpel; M.; W. and B.; Cellula; Only a Common Country Surgeon; His Senior Professionally; Pikroe; The Professors of University College; Regular Reader; D. W. E.; J. B.; A Subscriber; J. B.; A Regimental Medical Officer, India; A Sufferer; &c.

THE *Sheffield Daily Telegraph*, the *Public Health*, the *Dundee Advertiser*, the *Essex Weekly News*, the *Rock*, the *Whitehaven News*, the *Penrith Observer*, and the *Leeds Evening Express* have been received.

TERMS OF SUBSCRIPTION TO THE LANCET.

UNSTAMPED.

One Year	£1	10	4
Six Months	0	15	2
Three Months	0	7	7

STAMPED.

(*To go free by post.*)

One Year	£1	14	8
Six Months	0	17	4
Three Months	0	8	8

Post-office Orders in payment should be addressed to GEORGE FALL, THE LANCET Office, 423, Strand, London, and made payable to him at the Strand Post-office.

THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under .....£0 4 6 | For half a page.....£2 12 0
For every additional line..... 0 0 6 | For a page..... 5 0 0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.